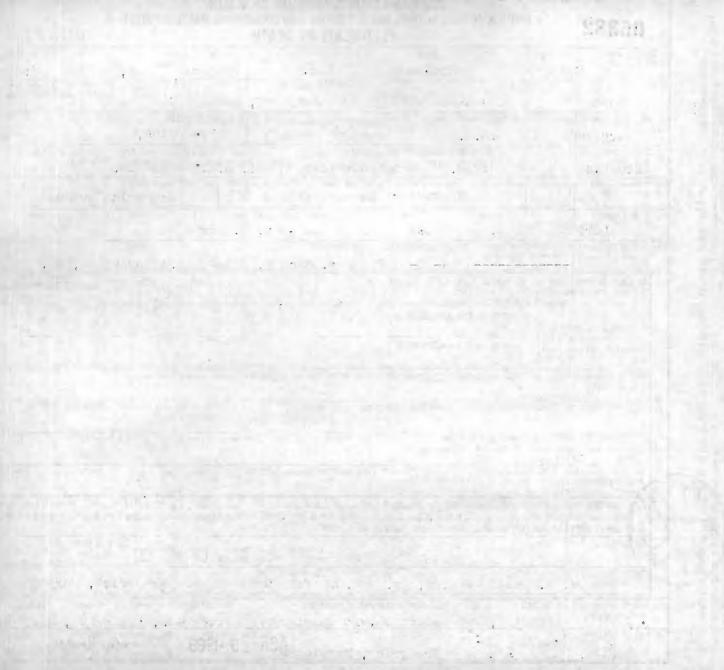
MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05383 CERTIFICATE OF DEATH 05376 papers. Pages 1 and 2 in 72 bours after death. 1. DECEASED-NAME Walter Lost Franklin 2g. DATE OF DEATH hours after death Albert Ignor 6 (Type or print) Month. 3. SEX 4. RACE S. DATE OF BIRTH 90 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS White Male last birthday) MONTHS HOURS YRS 7o. BIRTHPLACE (State or foreign country) Virginia 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Frederick 8. MARRIED A NEVER MARRIED WIDOWED [DIVORCED 24 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 700 East B St within 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban a shauld be filed with the State Dept. of Health prior ta burial, cremation, ar remaval, and in any event, withi Brunswick physician and campletely fen please remave carban during most of working life, even if retired.) INDUSTRY Reilroad Brakeman- B & O 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE admission) STATE Marylands. COUNTY Frederick Brunswick (EXEL) executed St. 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Albert Middle Raylost Mae George 100 certificate 17. INFORMANT George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Brunswick, Md. Albert Yes, nonenknown) (If yes give war or dates of service) attending phy APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per live for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a AS A CONSEQUENCE OF Canditians, if any, which gave TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as the burial-transit rise to immediate couse (a), be retained by the haspital or attending physician. stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO NE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OR ATTENDING PHYSICIAN: The law 19g. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO D YES -21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. P.M (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Nat while at work 22a. I certify that (I) (this propulation) attended the deceased fram saw the deceased alive an-, and that in (my) (aur) apinian death accurred an the date and haur and fram the cause stared above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR PHYS. 22d. PHYSICIAN'S C.E. Brunswick, Marylan 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 236. DATE 23d. LOCATION (City or Town) (County) (State) 21/69 St. Marks Cemetery Petersville Fred. Md. Brainswick, Md. FuneraloHemo uneral offorme

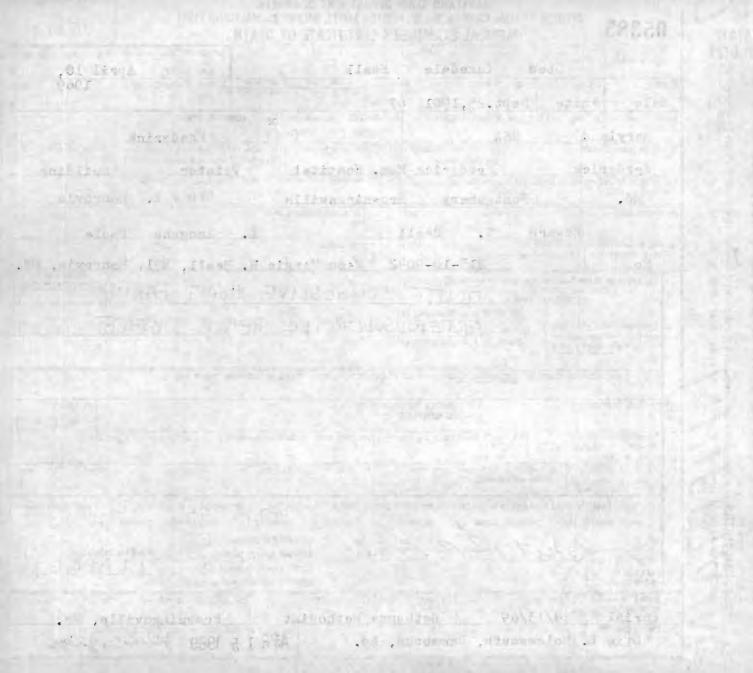
MAKYLAND STATE DEPARTMENT OF HEALTH

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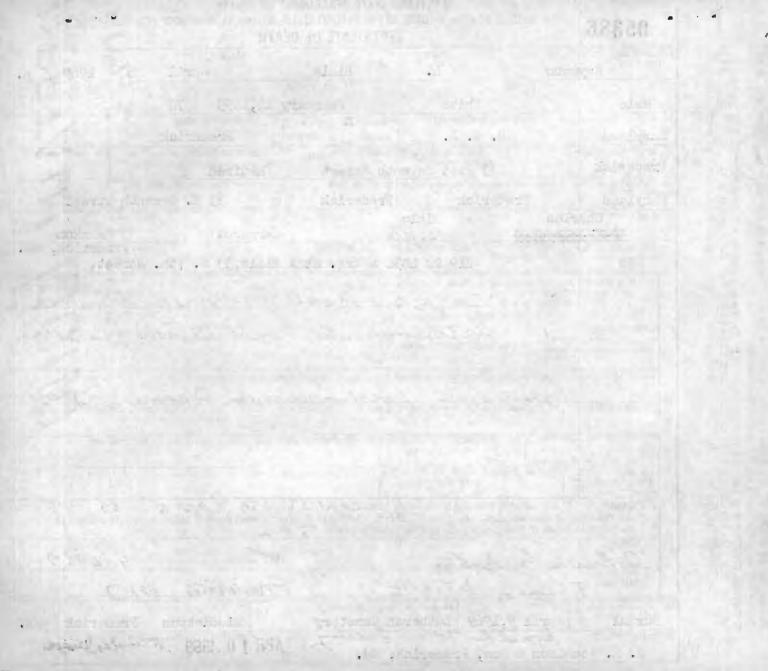
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05378 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME First Middle 2a DATE KNOWN Month Day Year 2b. HOUR (Type or Print) ESTIay is 3 to Page Obed Lansdale Beall T April 10 DEATH MATED IF UNDER 1 YEAR 3. SEX 4. RACE S DATE OF BIRTH 6. AGE I'm years IF UNDER 24 HRS 2c DATE PRONOLINCED DEAD 1969 2d. HOUR P.M3. F Month Day Year 67 Sept.25,1901 Male White YRS 2 Depo 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office along with farm country) Maryland WIDOWED [DIVORCED [TISA Store Frederick in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12h. KIND OF BUSINESS OR hours after death during most of working life, even if retired.) give street oddress)
Frederick Mem. Hospital INDUSTRY Frederick Painter Building 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER and 2 with deoth, 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE Browningsville I NO [RFD # 1. Monrovia after 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost First Middle Edward Beall Examiner's Haurs Imogene Poole pencil 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT within (Yes, na, ar unknawn) 13-18-9042 Miss Virgie B. Monrovia, Md. No Beall. R#1 within = be executed 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH word "pending" the Chief Medical PART I. DEATH WAS CAUSED BY CONGESTIVE IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF **burial-transit** RIOSCLEROTIC Conditions, if any, which gave rise ta immediate cause (a). dny This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .∈ forwarded to pup 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 05 remayal CERTIFICATION 3 should be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗔 NO should be 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21g. EXTERNAL CAUSE WAS b 21b. TIME OF INJURY Month, Day, Year MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, affice building, etc.) WHILE NOT WHILE AT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Autapsy for Inquiry [Inspection and in my apinion the funeral director. Natural causes Accident , Suicide death resulted fram: Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health EXAMINER'S ADDRESS[Street, city, tawn, ar county] NAME (Type) 23g. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) REMOVAL (Specify) Burial 4/13/69 Bethesda Methodist Browningsville, Md. PR 1 5 19 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE Olin L. Molesworth, Damascus, Md. 1969 Millianley Judge VR A15ME (5) TOM REV. 1/6

MARYLAND STATE DEPARTMENT OF HEALTH

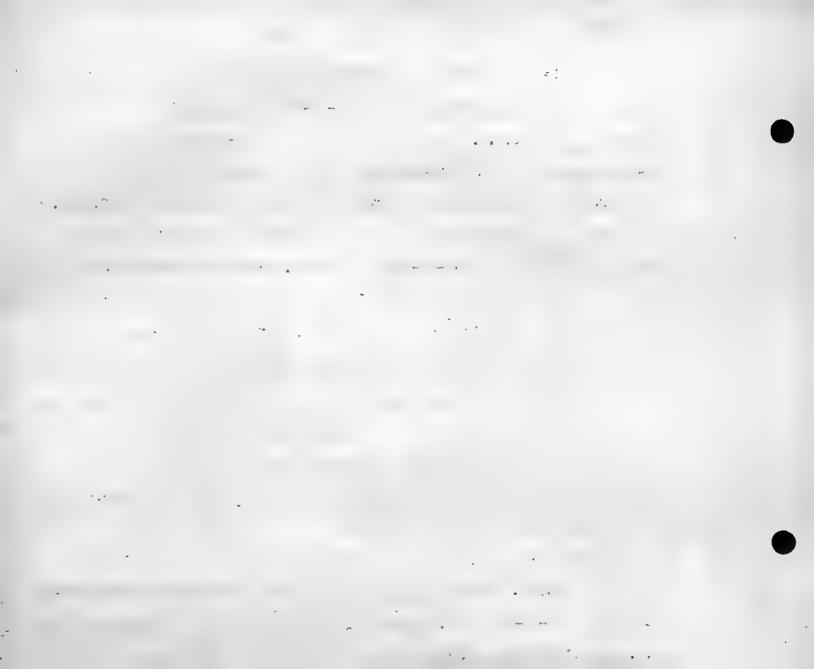


1. DECEASED-NAME	First	Middle Last	DEATH 20. DATE	OF DEATH		2b. HOUR
(Type or print) Rayn	mond	L. Bidle		April 6	Doy 1969	5 p. M
3. SEX	4 RACE	S. DATE OF BIR	ТН	6. AGE (In years	IF UNDER 1 YEAR	IF UNGER 24 HRS.
Male	White	Februa	ry 14,1895	(dst/birthday)	MONTHS DAYS	HOURS MIN
70. BIRTHPLACE (Stote or fore	eign 7b. CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARE	PED 9. COUNTY	OF DEATH		
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IO. CITY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL OR INSTITUTION (If nat in haspital	120. USUAL OCCUPATION	ON (Kind of wark don	12b. KIND OF	BUSINESS OR
Frederick	33 East	Seventh Street	during most of working	ng ille, even it reilred. 	() INDUSTRY	
13a, USUAL RESIDENCE (When admission) - STATE -	re deceosed lived, if institution: Resid	dence before 13c. CITY OR TOWN		STREET AND NUMBER		
daryland Maryland	Frederick			E. Sevent	h Street	
14. FATHER'S NAME Chee	tles Middle	Bille IS. MOTHER'S MA		Middle		Last
		Bulle	Margaret		Marke	
Yes, no prunknown)	166	IAL SECURITY NO. 17. INFORMANT	- D' 13 - 00 1	Address	Frederic	K, Md.
		20 4036 A Mrs. Alm	a Blaie,33	e. /th. St		****
18. CAUSE OF DEATH	(Enter anly one cause per line far (a),	, (b), ond (c).)	. + "	0	BETWEEN OF	NATE INTERVAL NSET AND DEATH
ANT I. DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE (a)		y Face	us	man	MI
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rise to immediate cou	(D) (D)	erisorleration,	Grant 1	Userne	300	un
			The state of the s			
stating the underlying	DUE TO, OR AS A CONS	SEQUENCE OF				
stating the underlying last.	(c)		NUCLACE OR COUNTY			
stating the underlying last.	(c)	SEQUENCE OF	DISEASE OR CONDITION GIV	VEN IN PART I(o)		
stating the underlying last. PART 2. OTHER SIGNIFIC	CANT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERMINAL	renter	Disime	5 g	and Dieving
stating the underlying last. PART 2. OTHER SIGNIFIC	CANT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERMINAL ATTON WAS PERFORMED 200. AUTOP	SY? 20b.	VEN IN PART I(a) DISTANCE IF YES, WERE FINDINGS SES OF DEATH?	5 CONSIDERED IN CE	artifying
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MARYLAND STATE DEPARTMENT OF HEALTH



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	ATTENDING PHYSICIAN: The law requires that the death certificate be etained by the haspital ar attending physician. COR: After this certificate has been signed by the attending physician should be detached far use as the burial-transit permit. Then please with the State Dept. at Health priar to burial, crematian, ar remaval, and in							,		
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the haspital ar aftending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then by shauld be filed with the State Dept. af Health priar to burial, cremation, ar remayal,		Henr	y V. Chase				1 House Ave F	rederick	
	Be He He He	23a		DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d	. LOCATION (City ar Tawn)	(County)	(Stote)
	6		PEMOVAL (Specify)	-18-69	Hopehill			Frede	eri ek	Md.
		24.	FUNERAL DIRECTOR	7	ADDRESS		250 RECTO BY REC	ISTRAR 2Sb REGISTRAL	S SIGNATURE	. 47
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	1775		5.E. Hicks, 111	r recentck l			V/16		1/	



_	1	MARTIAND STATE DEPARTMENT OF HEALTH	
		05388 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4	П	CERTIFICATE OF DEATH	05381
4 2 7 7 4		DECEASED NAME First Middle Lost 20. DATE OF DEATH	2b HOUR
ed to	- {	TYPE OF PERIOD TANE BUREING TO AL CHAMONTH DOY	Year Year
1/144	3 5	13	69 10 AM
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d in 172 P	100	MARYLAND USA WIDOWED DIVORCED FREDERICK	Md.
filled pape	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
PHYSICIAN: The law requires that the death certificate be executed within 24 hours to hospital or ottending physicion. This certificate has been signed by the attending physician and completely filled in by thatched for use os the buriol-tronsit permit. Then pages remove carbon papers. Pag Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours		FREDERICK grue street oddress CANU CENTER during most of working life, even if retired)	INDUSTRY
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icidan Regse ond ir	1	CHARLES CRABBS AMELIA C.	PENHAVER
5 5 5		D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 7 INFORMANT Address Yes, no, or unknown) (It yes give wor or dotes of service)	MD
physical physical physical poval,		NO 226-44-6499CHARLES BUFFINGION UNI	ON BRIDGE
ie death ce attending i permit. Th		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
推 · · · · · · · · · · · · · · · · · · ·		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE [0] Concerting Executive Facilities	The state of the s
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phy phy sign bur		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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la l	TA DIE	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
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or or used			tem 18.1
Table Signature	MEDICAL	II TOR CONTRIBUTING ☐ CAUSE OF DEATH I HOUR A.M. Month Dov. Year 1	,
rent rent red red t. o	물	[If either, notify med collexominer] P.M. 19 2 Id. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, 21f LOCATION Street or R.F.D. No. City or Town	Carral
PH) s ho nis o tacl	1	2 Id. INJURY OCCURRED While Not while of work	County State
	ı		
DING J by t After J be c		22a. I certify that (1) (this haspital) attended the deceased from 31, 1969, to affect 15, 19, saw the deceased give on apply 15, 1969, and that in (my) (our) apinion death occurred an the data	f f , that (I) (we) last
EN Led		couses stoted above, (1) (we) (aid) (did nat) view the body after death.	te and hour and tram the
th to the things of the things			ATE SIGNED /
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E Gage	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (CAY or Town)	(County) (State)
5-5-2		BURIAL 4/18/69 MT UNION UNION BRINGE	RURAL IND
VR A15	24.	FUNERA, DIRECTOR 250. REC D BY REGISTRAR 256 REG STRARS	SIGNATURE
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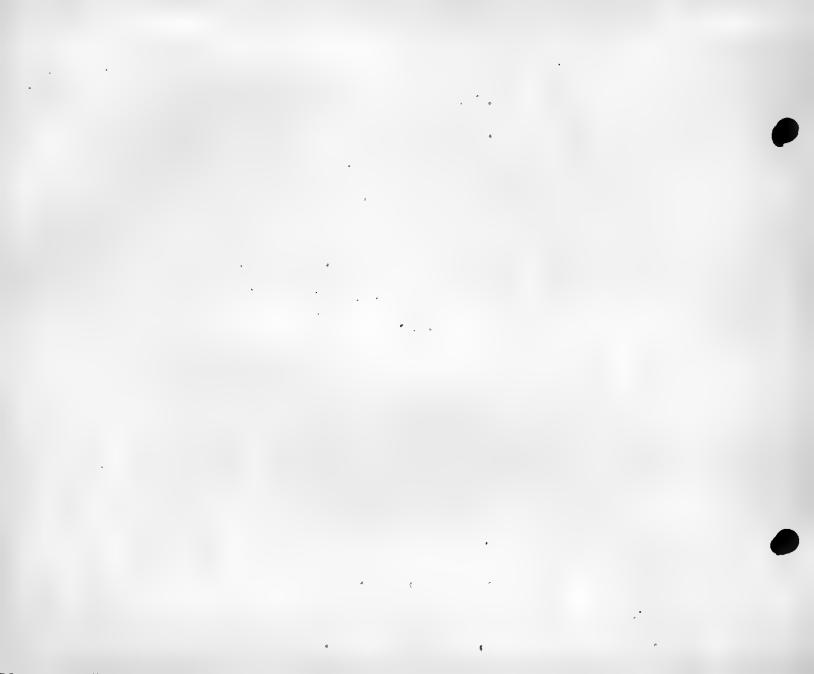




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And the second	•	L			(CERTIFICA	ATE OF DEATH			0538	3
	death.		ECEASED NAME First Type or print) Dou	glas	Middle Samuel	Ca	lost S tle	20 DATE OF April		69 Yeor	26 HOURD 3:10 N
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	hysician n please	láo Y	WAS DECEASED EVER IN J.S. ARMI (es. po, prunknown) (11 yes give we	D FORCES? or dates of service)	220-30-9		ormant ssell S. Cas	stle- Ac	Address	Id. 2173	LO
	law requires that the death certificate be adding physician. been signed by the attending physician and the burial-transit permit. Then please remiar to burial, cremation, or removal, and in an		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIA)	E CAUSE (b)	for (a) (b) and (c)	raseu	ular ac	ciclist		APPROX AN BETWEEN ON	ATE INTERVAL ISET AND DEATH
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	v requirement sign phy en sign he burit	8	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTI	NG TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE OR C	ONDITION GIVEN	IN PART 1(o)		
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	PHYSICIAN: ' e hospital or his certificate stached for us Dept. of Healt	MEDICAL CE	21a ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A M.	NJURY Month Doy Year 19		/ INJURY OCCURRED (Enter	r noture of injur	y in Port 1 or Port 2, It	em 1B.)	
	PHYS the hos this ce detache e Dept.	ME					ATION Street or R.F.D. No.		or Town	County	Stote
	O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital O FUNERAL DIRECTOR: After this certifica director, page 3 should be detached for should be filed with the State Dept. of He		22a. I certify that (I) (this saw the deceased alreadyses stated abave,	hospital) atten ve on(I) (we) (did) (d	ded the decease	d from 9 <u>6 7</u> , and t body ofter de	hat in (my) (our) api ath.	nion death o	HGJ, 191 Corred on the dat	$\frac{E.7}{}$, that (e ond hour a	(t) (we) last nd from the
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		226 SIGNATURE 22d PHYSICIAN'S	Ello	uas, M	D. DEGREE	ATTENDING M	LED IRECTOR	22c D	ATE SIGNED 27-19	
	Page 4 may O FUNERAL I director, page should be fil	20	NAME (Type) Jame	s B. Thor					erick, Md.		
	Page Fo Fu direct			.30-1969	Mt. Ol:	ivet Cer	metery	Fred	h (City or Town) derick, Md.		(Stote)
	VR AT VAL	29	FUNERAL DIRECTOR Elwa- M.R.Etchison &	Son' 1	ADDRESS APPRESS	, Md.21	701 ZSO RESDE	y registrar 1 19	69 REGISTRARS	Cay Jaco	ye.

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_ 1	MARYLAND STATE DEPARTMENT OF HEALTH
	15391 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05384
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	I DECEASED NAME First Middle Last 20 DATE KNOWN Month Doy Year 25 HOUR
	(Type of Print)
y 15 3 ta 1 age	
and	Sent of Dikilis Ampline Days House Asset
any delay is 2, and 3 ta PM3. Page	Male white Feb. 22, 1900 69481 4 11 161 67 M
22 0	70. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARR ED NEVER MARRIED 9 COUNTY OF DEATH
form form	COUNTRY Maryland U.S.A. WIDOWED DIVORCED Frederick Md
	10 CITY OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (If not in hosp tol 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
after deat. 3. Give Pages allang with fa	Rural-Mt. Airy give street address) Route 4 during most of working life, even if ret.red INDUSTRY
Sive ng h th	13g IISIIAI RES DENCE (Where deceased and Einstitution Per-decea heared 13g CITY OR TOWN 13d MSIDE CIT UM/52 113e STREET AND NIMBED
s after 18. Grand alang	admission) STATE 13b COUNTY
In the second se	"" Route 4
haurs Item 18 Office I and 2 v	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Last
24 in lin lin lin lin lin lin lin lin lin l	Philip Clark Effie Snyder
thin 24 miler s	16α. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO .7 INFORMANT ADDRESS
within 24 haurs after death pengli in Item 18. Give Page Examiners Office along with the State pages 1 and 2 with the State T2 haurs after death	(Yes, po, or unknown) (Hyes give wer or dates of service) 220-18-0169 Mrs. Helen R. Clark Same As #13
2.20	APPROXIMATE INTERVAL
eccted mg" in edica E ermiti. E	PART I. DEATH WAS CAUSED BY
be execute "pending" lief Medico \ \ Insit permit event with	IMMEDIATE CAUSE (0) TICHTE COTICE STILLE TELLED
be exeripend inef Me ansit pe	Conditions, if any, which gave) DUE TO, OR, AS A CONSEQUENCE OF A-to 2 Card and a consequence of
in i	grant immediate cours (a) (b) 17 p 1 e 13 c
auld vard he Ch ial-tra	Stating the underlying cause \ DUE TO, OR AS A CONSEQUENCE OF
4 A T B E	lost. 2-158G5
cate signification to the control of	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(0)
fica ing ing idec idec as	5
tER: This certific certificate, writin nauld be farward les farward shall be used a shall nauld be used a tian, ar remayal, tian, ar remayal,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES \(\text{NO } \text{NO } \) 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. IME OF INJURY Month, Doy, Year 211. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
for series	WAS PERFORMED? YES □ NO □
the be	210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
Par	RIMARY OR CONTRIBUTING HOUR A.M
NET Ce Ce Charles Short Ities	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e P.ACE OF INJURY (At home form street. 21f IOCATION Street or R.F.D. Ng. (uty or Town County State
(AMINER: to the certi to 4 shauld raur files age 3 shau crematian,	
ICAL EXAMINER: execute the cert for. Page 4 shaute ed for your files CTOR: Page 3 shou	WHILE NOT WHILE AT WORK AT WORK
L E For Par inl, inl,	22a certify that I took charge of the remains described above, held an Autopsy Inspect on Inquiry ond in my opinion
Eur Gold of Go	death resulted fram: Natural causes 🔼, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner
ase ase ase the state of the st	CHIEF MEDICAL EXAM NER
d d d	ACTUAL / ATTACK VI / ATTACK AND ACTUAL VI ACTU
Pri Pri	SIGNATURE TO STATE OF THE STATE
2 8 2 3 E EVS	(a) Aveniuses
五 章 章 董(英)章" N	
2 5 T. 12 15 W	O30 BLRIA_ CREMATION 23b DATE 23c NAME OF CEMÉTERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
ROBERT L. HODRYLA	BUTIAL +/14/1969 Prospect Cemetery Frederick, Md. 24 FUNERAL DIRECTOR 1250 REGISTRAR 1250 REGISTRAR S SIGNATURE
ROB TOLL MAIN 812 FRICK AISME [5] MAIN REDERION REV 1 768 MA	
81 - RI 10M REV 1 168 M	C. M. Waltz, Box 241, Sykesville, Md. DAPR 15 1969 Clarker Judge
1250	



1		05392		301 W. PRESTON STREET, BALTIN		
		00032		CERTIFICATE OF DEATH		5385
deoth.		ECEASED NAME First Type or print) EUN	ICE E.	CLAR Y	20. DATE OF DEATH Menth Day April 7.	2b. HOUR 3 43 A
ages I rs after	3 5	Female	White	S. DATE OF BIRTH ADTIL 15,	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
haves haves have have have have have have have have	can	Maryland	U.S.A.	WIDOWED DIVORCED	COUNTY OF DEATH Frederick	Md
be executed within and completely filled remove carbon pop		TITY OR TOWN OF DEATH Frederick	II NAME OF HOSPITAL OR IN give street address) Frederick I	Mem. Hospital H	OCCUPATION (Kind of work dane t of wark ng life, even if retired) LOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY
cured complet ove car vevent,	13a odm	USUAL RESIDENCE (Where deceased ission) STATE Maryland	I lived, if institution, Residence before 13b. COUNTY Howard	Lisbon YES X NO	TS? 13e STREET AND NUMBER	
se remid	14	FATHER'S NAME FIRST Walt	Maddle Warfi		rances	Day
rificate, hysicia no plear vol, an	160	(es, 170 unknown) (1 yes g ve wern	D FORCES? 16b SOCIAL SECURITY 217-16-2	AL .	Address ary Same A	
eath cer inding F nit. The or remo		1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	ane cause per line for (o), (b), and (c) BY CAUSE (a))		APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH I D C & E & .
or the de the otte ssit perm nation,		Conditions, if any, which gave) rise to immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF (b) ANURIA			1 week
ries the Asician. ned by ial-tran		stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	in af colon o blocks	or stareties	1 year
w required physical p	NC		ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR COI	IDITION GIVEN IN PART 1(a)	,
The lovation attendation has be as is as it in prior	CERTIFICATION		NDITION FOR WHICH OPERATION WAS PE	YES NO	20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
ICIAN: pital or rrificate d for u	MEDICAL CE	21a ACCIDENT WAS UNDERLYING or contributing cause of drain (If either, notify medical examiner			ature of injury in Part 1 ar Part 2, He	m IB)
PHYS the hos this ce this ce Dept.		While Not while at work		10RY.) 23f. LOCATION Street ar R.F.D. Na.	City of Town	County State
TO HOSPITAL C. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within. haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRICTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.		22a I certify that (1) (this saw the deceased alive causes stated above.	hospital) attended the decease re an	ed fram 3 A md , 19 6 9 6 9 , and that in (<u>my</u>) (aur) apini bady after death.	2 , ta <u>7 H pc</u> , 19 <u>a</u> an death accurred an the date	that (1) (we) last and haur and from the
C ATI		22b SIGNATURE	1. Sant 1			ATE SIGNED ACA 69
O HOSPITAL of Poge 4 may be of FUNERAL D director, pog should be file		22d PHYS,CIAN'S NAME (Type) G	I. Smith, Jr.	22e ADDRESS		
TO HOS Poge 2 O FUN direct shoul	23a	BURIAL, CREMATION, 23b DA		CEMETERY OR CREMATORY DSpect Cemetery 250 RECD BY	23d LOCATION (City or Town)	(Caunty) (State)
VR A15	24 C	FUNERAL DIRECTOR	ADDRESS 241, Sykesvil	le, Md. ZSa RECTO BY	REGISTRAR 25b. REGISTRAR'S SI 0 1969 Williams	IGNATURE



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		05393	DIVISIO	N OF VITAL RECORD			RE, MARYLAND 212	01	
-24	l Di				CERTIFICATE			05386	
56 4		the second	oth OHN	Middle HENRY	los OT TI	_	o. DATE OF DEATH Month	Dov Year	2b. HOUR
7	3 SE		JIIN 4 RACE	HENKY	CLI	OF BIRTH	April	24 196	
				~			6 AGE (In year last birthdoy)	MONTHS DAYS	E JNOER 24 HRS HOURS MIN
	7o I	male IRTHPLACE (State or foreign	75 CITIZEN	OF WHAT COUNTRY?		y 19, 1889	OUNTY OF DEATH	YRS.	
	COUR	laryland		S. A.	8. MARRIED NEVI	DIVORCED I	Frederick		
		ITY OR TOWN OF DEATH	100	11. NAME OF HOSPITAL OR	NSTITUTION (If not in hos	pitol 120. USJAL D	CCUPAT ON (Kind of work	done 12b KIND OF	F BUSINESS OR
		ral-Myersv		give street oddress)	Rt. # 1	during mest o	ring is life, even if retu	own gen.	
	130 odmi	LSLAL RESIDENCE (Where dec SSION) STATE Ma ryland	eosed lived, if 13b CO F I	institut on Residence befor UNIY 'ederick	Nyersvil	13d. INSPOE CITY EIMITS?	THE PROPERTY OF THE PROPERTY OF		
	14	ATHER S NAME First		ddle Lost	IS MOTHE	ERS MAIDEN NAME First	Midd		Los
	14.			sley Cline			Schildtke		line
	100. Y	WAS DECEASED EVER IN U.S. / es, no, or unknown) (fyes gi no	IRMED FORCES of ser				rne, Myers	ville, M	d.
		1B. CAUSE OF DEATH (Enter	only one cause	per une for (o), (b), and (().)			APPROA. BETWEEN (MATE INTERVAL ONSET AND DEATH
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		PART 2 OTHER SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TE	PAINAL DISEASE OP CONDI	TION CIVEN IN DADT 1(a)		
		2 4 11 10 10 10 10 10 10 10 10 10 10 10 10	.01131110113	January 10 De 111	HOT RELATED TO THE TE	KININAL DISLASE OR CONDI	THOM SHEET HET AKT 1(9)		
	CERTIFICATION	190 DATE OF OPERATION 19	b. CONDITION F	OR WHICH OPERATION WAS I	PERFORMED 200	AUTOPSY?	20b IF YES, WERE FINDI	NGS CONSIDERED IN C	ERTIFYING
ŀ	TIFIC				Y	ES NO 🗹	CAUSES OF DEATH?		
		210. ACCIDENT WAS UNDERLY	1 2.0.	IME OF INJURY	21c. HOW INJU	RY OCCURRED (Enter note	ure of injury in Port 1 or Po	ort 2, Item 18)	
	MEDICAL	(If either, natify medical exa	miner)	P.M.	19				
		21d. INJURY OCCURRED 2 While Not while of work	ie. PLACE OF IN	JURY (AT HOME, FARM, STREET, E OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION	Street or RFD No.	City or Town	County	State
ı		22o. certify that (I) (this hospito) ottended the decen	sed from	19 64	to 44 M. 18	10 L 9 that	(I) (wa) fact
		220. I certify that (I) (saw the deceased	olive on _	march 28	19 49 , and that i	in (my) (our) opinior	deoth occurred on th	ne dote and hour	ond from the
		22b SIGNATURE	ve, (I) (we)	(did) (dia not) view the	body ofter deoth.				
		220. SIGNATURE	1+-	11 11	DEGREE PH	TENDING MED.	STAFF	22c DATE SIGNED	C + C
.		22d. PHYSICIAN'S	s and	The state of the s	(- 10	e. ADDRESS ,	OR PHYS	CM. 25, 1	767
		NAME (Type)	S.STA	VFFER		Hagersto	un md		
	230	BUR AL CREMATION, 231	DATE)		CEMETERY OR CREMATE		d LOCATION (City or Town)	(County)	(Stote)
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	24	UNERAL DIRECTOR	muk	Je / Dentes	5	2So RECD BY REC	GISTRAR 25b. REGIST	RAR S SIGNATURE	
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1		0500		D STATE DEPARTMENT O		
		05394	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DEAT	H	05387
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an a	<u></u>	George	Cookerly	Mol1		ey
certificate physitian hen pleas naval, and	160.	WAS DECEASED EVER IN U.S. ARMEI es, na, or unknawn) (If yes give war	0 FORCES? 16b. SOCIAL SECURITY N 214-10-56		Address . Cookerly, Sr. Rt.#	
he death (certific attending phys permit. Then p		18 CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED I IMMEDIATE	ane cause per line far (a), (b), and (c)) BY CAUSE (a) AC. Con a st		·Cura	APPROX MATE INTERVAL BETWEEN DISET AND DEATH
t the d the atte sit pern ation,		Conditions of any, which gave)	DUE 10, OR AS A CONSEQUENCE OF	Descenous		Iday
es that sician. ed by i		rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	d afterior solverol	ic theat Disease	10-15 yrs
r requir ng phy en sigm ne buri ta buri	×	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO		ORCONDITION GIVEN IN PART I(o)	
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CIAN: ital ar ititate us l' far us	MEDICAL CER	21a ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (If either, not fy medical examine)	21b TIME OF INJURY HOUR A.M. Manth Day Yeor P.M 19		Enter nature of injury in Part 1 or Part 2, It	em 18)
PHYSI he hasp tills cert efachec		21d iN JURY OCCURRED 21e PL While Not while	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	TORY.) 21f LOCATION Street or R.F.D.		Caunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pashauld be filled with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within		22a. I certify that (1) (this saw the deceased also	hospital) attended the decease re an APR2 2 19 (1) (we) (did) (did not) view the b	d from , 1 9 6 7, and that in (my) (our)	965, to ANS 22, 196 opinion death accurred an the dat	e ond hour and from the
OR ATT De retair MRECTO H 3 share		226 SIGNAPORE COLL.	LOS LOS	DEGREE PHYS	22c D	ATE SIGNED PR. 22, 69
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TO HOS Page 4 TO FUN direct				EMETERY OR CREMATORY Olivet Cemetery	23d LOCATION (City or Town)	(Caunty) (State) erick, Md.
VR A15		Robert E. Daile	ADDRESS ADDRESS	ick, Md.	REGISTRAL 1969 256 RECHYRARS	SIGNATURE



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		05395	DIVISION OF			ATE OF		RE, MARYLAND 21201	0538	
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i i i		Female		asian			27, 1908	lost birthday)		HOURS MIN
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mplete ve carb		USUAL RESIDENCE (Where decease ission) STATE Maryland	d lived, if institut		13c CITY OR		YES NO	13e. STREET AND NUMBER 500 Militar	y Road	
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be de re l'in c	ı	Joseph		Himes]	Bertha	Himes	Ever	rhart
physician and completely filled en please remave carbon pape aval, and in any event, within 7.		es, no ar unknown) (19 yes give we	ED FORCES? or or dates of service)	16b SOCIAL SECURITY I 219-12-20		nformant Mr. Dav	vid D. De	Address elauder 500 Mi		Fred.
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ICIAN: pital or rifficate d for u	MEDICAL CE	210 ACCIDENT WAS UNDERLYING CAJSE OF DEATH	HOUR A.M er) P.M.	Month Day Year	,			re of injury in Port 1 or Port 2,	Item 1B.)	
PHYS he hosp this cel detache a Dept.	¥	21d INJURY OCCURRED 21e. White Nat while 1	PLACE OF INJURY	(AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.				City or Town	Caunty	State
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AL OR ay be AL DIRI		22d. PHYSICIAN'S	Kide	70-10	I.D. DEGR	22e. ADD	RESS DIRECT	1/	124/69	
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TO HOPage of Function	23 a	BURIAL, CREMATION, 23b. C REMOVAL (Specify) 4.	28-1969	X/	larks ((REMATORY Cemeter	у	Petersville, F		(State) Md.
VR A15 (4.8)	24.	Robert E. Dail	ev. & Spa	ADDRESS Frede	erick,	Md.	25g, REC'D BY RECDATAPR 2	8 1969 2Sb REGISTRAR	S SIGNATURE	ie.



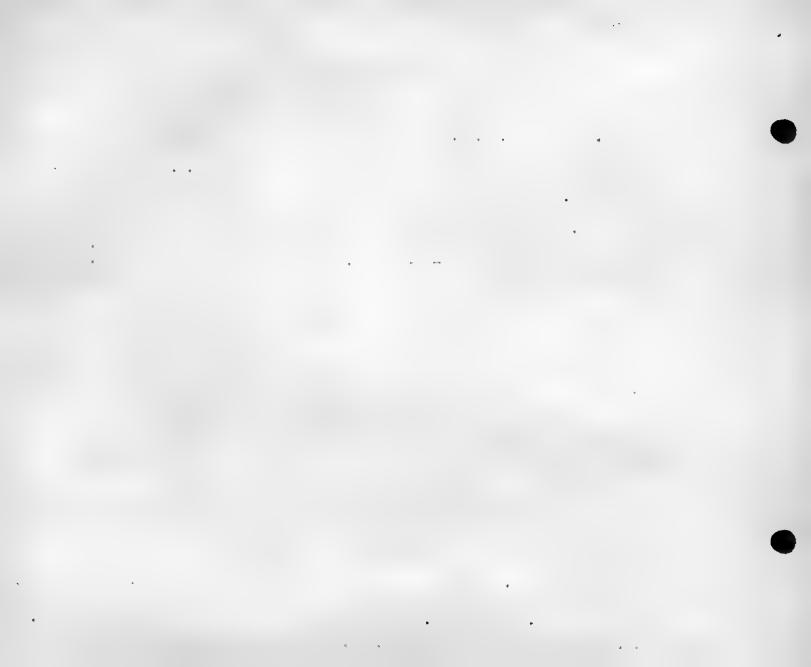
1) STATE DEPARTMENT OI		
1		05396	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 212	
•		00000	C	ERTIFICATE OF DEATI	1	05389
بز 5 بز		CEASED NAME First	Middle	Last	20 DATE OF DEATH	2b. HOUR
leat eral and leat	(1	ype or print) Marv	Virginia	Delauter	April Month	2 1969 6:05
fun 1 1	3 58		4. RACE	S. DATE OF BIRTH	6. AGE (In year	S IF UNDER I YEAR IF UNDER 24 HRS.
at see		Female	White	April 25	last birthday)	YRS. MONTHS DAYS HOURS MIN.
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n 24 havr	10. 0	ITY OR TOWN OF DEATH	LL NAME OF HOSPITAL OR INST	ITUTION (If not in haspital 120. U	SUAL OCCUPATION (Kind of work	one 12b, KIND OF BUSINESS OR
		Frederick	give street address) Frederick	fem Hosp. H	n most of warking life, even if retu OUSEWLEE	own home
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E 9 8 / 1	adm	ssion) STATE Maryland	13b COUNTY Frederick	iddletown YES	No M Hawbotto	m Rd. R.F.D.2
and to remo		ATHER'S NAME First	Middle Lost	IS. MOTHER S MAIDEN NAM	E First Midd	die Lost
be and the first		Walte	r F. Lewis	Sall	y Virgin	ia Adkins
ate iciar leas anc	160.	WAS DECEASED EVER IN U.S. ARN			Addr	
tific hys n p val,		es, no, or unknown) (If yes give w	None	Lorraine Wo	lfR.F.D.2 M	iddletown Md.
cer The p		IB. CAUSE OF DEATH (Enter on	y one couse per fige for (a), (b), and (c)	1 1 B	0	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
ar re		PART I. DEATH WAS CAUSED	TE CAUSE (a) WWW.Chu	tus & Volum	chopnermo	wa
atte		hory	DUE TO, OR AS A CONSEQUENCE OF	(J	
t the sit partition		Canditions, if any, which gave a rise to immediate couse (a),	(b)			
tha an. by ran cren		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
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phy sign buri		PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(o)	
ing ing the	No.					
The law requires the attending physician. has been signed by se as the burial-traith prior to burial, cre	5	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER		CALLEGE OF DEATHS A	NGS CONSIDERED IN CERTIFYING
PHYSICIAN: The law requires that the death certificate be execute e haspital or attending physician. his certificate has been signed by the attending physician and domitistached far use as the burial-transit permit. Then please remove complete at Health prior to burial, crematian, ar removal, and in any every.	CERT.FICATION			YES NO		
OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate ge 3 shauld be detached far u ed with the State Dept. af Heali	3	2For ACCIDENT WAS UNDERLYIN OR CONTRIBUTING TO CAUSE OF DEAT	H HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (E	inter nature of injury in Part I ar P	att-2, Item 1B.)
SICI Spirit Ped 1 Ped 1	MED C	(If either, notify medical examin	ner) P.M. 19			
har har ach	22:	21d INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREEF, FACT OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D.	No. City or Town	County State
te D		While Not while at wark of wark		I Nomoh 25 ti	0.60 45 45 57 7	1060 45-4/07-13-1
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TEN ned ned the	L	couses stoted obove	, (I) (we) (did) (did not) view the L	ody ofter deoth.	opinion dodni occorred on ri	no date offer floor one from the
OR ATTENDING be retained by the SIRECTOR: After e 3 shauld be ded with the State	L	22b SIGNATURE	0 0		MED STAFF	22c. DATE SIGNED TO CO
OR DE L		10001	vacon My	DEGREE PHYS	DIRECTOR PHYS.	3 ym 69
AL AL Page		22d. PHYSiCIAN S NAME (Type)	*. ** ** 7	22e. ADDRESS	77 77 6	The 14.3
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerting 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and directar, page 3 shauld be detached far use as the burial-transit permit. Then please remo shauld be filed with the State Dept. af Health prior to burial, crematian, ar removal, and in any		GTTC	in F. Meadors M		11 House Ave.	
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VR A15 (4)		FUNERAL DIRECTOR Gladhill Com		1		Cloyles Joedge
SOM KEA IABBI		THRUITTT POM	pany Middletow	a , Md. DATE A	PR 7 1969 🏸	



1 19	MARYLAND STATE DEPARTMENT OF HEALTH OCOUNTY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
8	05397 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	90
death.	1. DECEASED NAME First Middle Lost 20. DATE OF DEATH (Type or print) John Howard Leroy Despeaux April Month 12 Day 196	9° 6:03 M
hours after death The by the funeral Tress Pages I and 2	A RACE Male White S DATE OF BIRTH Nov. 14-1914 S AGE (In years birthday) MONTHS MONTHS	
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amplete cart	13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE Md. 13b COUNTY Frederick Frederick Frederick YESK NO 219 Thomas Avenue	e
	14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	last
ificate b sysician please al, and i	Frank #36 CEASED EVER IN US ARMED FORCES? Yes, no Norunknown) (I) yes grow war or droles of service) 16b. SOCIAL SECURITY NO 17 INFORMANT Frederick Address Md. 2. 220-05-6052 Mrs. Virginia L. Despeaux-219 Thom	hankle 1701 as Ave.
The law requires that the death certificate be executed within 24 attending physician. An an an area of the attending physician and campletely filled isse as the burial-transit permit. Then please remave carben to the priar to burial, crematian, ar remaval, and in any event, within the contraction of the priar to burial, crematian, ar remaval, and in any event, within the contraction of the priar to burial, crematian, ar remaval, and in any event, within the contraction of the contr	DUE TO, OR AS A CONSEQUENCE OF (b) Stating the underlying cause	APPROXIMATE INTERVAL BETWEEN ONSET AND DEASH 3 Cyllaws
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ICIAN: pital ar rificate d far u	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 19 19 19 19 19 19 1	
DING PHYS by the has lifter this ca be detache State Dept.	While Not while at work of wark	
OR ATTENDING be retained by the NRECTOR: After the 3 should be died with the State	220. I certify that (I) (this haspital) attended the deceased from Sept. 17. 1963, to Apr. 12. 1969, and that in (my) (our) opinion death occurred on the date and couses stated above, (I) (we) (did) (did not) view the body after death.	, that (I) (we) ost haur ond from the
OR ATI be retain DIRECTO	226 SIGNATURE 226 SIGNATURE DEGREE PHYS DIRECTOR STAFF Apr. 1	
TO HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld is shauld be filed with the S	22d. PHYSICIAN'S NAME (Type) 1/2 mas STONES Frank in 122	
Page Page 10 FUI direct	230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Country 15 Prederick— Md. 217	01
VR AIS (4)	24 FUNERAL DIRECTOR FUNCATION & Son— ADDRESS Mulmore M.R. Etchison & Son— Frederick—Md.21701 DAAPR 1 5 1969 Wilmlen	



- 27	1			NU STATE DEPARTMENT OF							
	05398 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05391										
4 - 24		ECEASED NAME Firs	t Middle	Lost	20 DATE OF DEATH	2b HOUR					
e e e e e e e e e e e e e e e e e e e	1	Type or print) Ric	hard Lee	DUTROW	Month Doy	18 Yeor 69 10:20/M					
	3. S		4. RACE	5 DATE OF BIRTH	6 AGE (In years	F JNDER 1 YEAR IF UNDER 24 HRS.					
s of	L	Male	White	SULY 17th	1886 last birthday) YRS.	MONTHS DAYS HOURS MIN					
be executed within 24 haurs ond completely filled in by e remove carbon papers point in any event, within 72 hours	70	BIRTHPLACE (State or foreign stry)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH						
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errificate by physican hen please noval, and i	160	WAS DECEASED EVER IN US AR 'es no or unknown) (If yes give	RMED FORCES? Iwor or dates of service) 705-09-1		Trederick Address cow-620 Fairview A	Md. 21701					
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- Figure 24		210 ACCIDENT WAS UNDERLYI	NC ISH THE OF HUMBY	YES NO X							
AN al collection of the collec		OR CONTRIBLTING CAUSE OF DEA	ING 21b, TIME OF INJURY ATH HOUR A.M. Month Doy Yeo	r Zic. HOW INJURY OCCURRED (Ente	er nature of injury in Port 1 or Port 2, 1	tem 18)					
SICI spit spit ed ed	MEDICAL	(If either, not fy medical exam	iner) P.M.	19							
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IING by t ffter be c State	1	22a. I certify that (I) (th	his hospital) attended the deceo-	sed fram 1969, and that in (my) (pur) op	8, to APR 18, 19	69 , that (I) (we) lost					
NND Sed to		saw the deceased o	alive an APR. UPH	19 <u>69</u> , and that in (my) (pur) op	inian death accurred an the dat	e and haur and from the					
TOR Gine			re, (I) (and) (did not) view the	body after death.							
R A A SEC 3 s I with		22b. SIGNAFHRE	1.09 4	D. DEGREE PHYS 18		PR.18", 69					
		22d. PHYS CIAN S	. /400 5 11.		DIRECTOR L PHYS L	17(.18,67					
TO HOSPITAL OR ATTEN Page 4 moy be retained to FUNERAL DIRECTOR: director, page 3 should so should be filed with the		NAME (Type) Ral	ph L. Michels	22e. ADDRESS Frederick	Medical Center-Fo	rederick, Md.					
HOS ge 4 FUN cecto	230	BUR.AL, CREMATION 236		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)					
0 Po 1				Livet Cemetery	Frederick, Fred	derick, Md.					
Orders an	24	M.R. Etchison	ADDRES	ick, Md.21701 250 REC B	REGISTRAR 1969 REGISTRARS	S.GNATURE					
45M - 1) 86		M.R.Etchison	& Don Freder.	DATE DATE	1 2 1 1909	10					



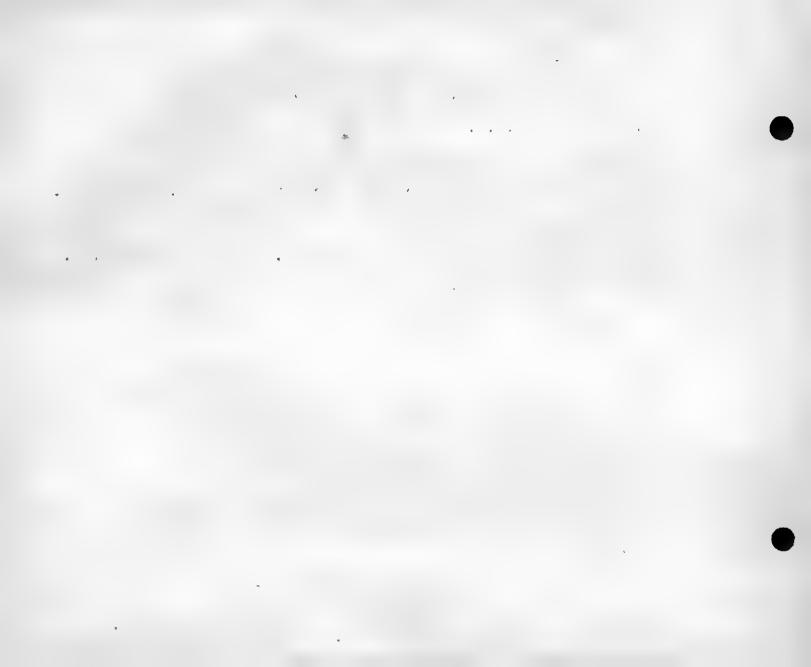
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offer of	3 SE	Female	4 RACE Wh:	ite	S	DATE OF BIRTH March 23-	1891	6 AGE (In years last birthday)	IE UNDER 1 YEAR MONTHS DAYS	E UNDER 24 HRS HOURS MAIN
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		18 CAUSE OF DEATH (Enter only	ane couse per line						APPROXIA	MATE INTERVAL MSET AND DEATH
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quires th physician signed by burial-tra		stating the underlying couse last.	(c)	A CONSEQUENCE OF						
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				AT HOME EARM STREET, FACT DEFICE BUILDING ETC.	PRY) 21f. LOCA	TION Street or R.F.D	Na City	or Town	County	State
by the fiter be do to te		22a. I certify that (i) (this	haspital) atter		fram	turno 1	2/c/c, 10_	4/28,19	102, that	(I) (we) last
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OR ATTENDING be retained by th DIRECTOR: After i g 3 should be d led with the Stote		22b. SIGNATURE 22c DATE SIGNED 22c DATE SIGNED								
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O HOSPI Poge 4 r O FUNER director,	23 n	BURIAL, CREMATION, 236 DAT	IF.	23c NAME OF C			103d IDEAT	ON (City or Town)	(County)	(State)
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MAKTLAND STATE DEPARTMENT OF HEALTH 05394 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05401 CERTIFICATE OF DEATH 1. DECEASED-NAME First Estella Lost After this certificate has been signed by the attending physikan and campletely filled in by the funeral be detached for use as the burial-transit permit. Then please remove carbon papers Baggs I and 2 State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. 20. DATE OF DEATH executed within 24 haurs after death. 2b HOUR Doy I2 Year 69 Bessie Ferrest (Type or print) Month 4 3 SEX 4. RACE IZ/6/93 6 AGE (in years Gsobirthogy) IF UNDER 1 YEAR F JINDER 24 HRS Female White HOURS 70 BIRTHPLACE (State or foreign country) Maryland 76 CIT-ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH Frederick 8 MARRIED 🔲 NEVER MARRIED 🗀 WIDOWED TO DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12g. JS.A. OCCUPATION (Kind of work done data) biological working life, even if retired.) 12b KIND OF BUSINESS OR Frederick INDUSTRY 130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c (ITY OR TOWN odmission) STATE Maryland 3b COUNTY Frederick Brunswick 13d INSIDE CITY LIMITS? DI GREELAND NUMBER CHAC YES IS MOTHER'S MAIDEN NAME First Martha 14 FATHER'S NAME Middle Dillew Middle Lost a l Cage James TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Denald E.Ferrest- Frederick, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO none Yes, ngaqaunknown) H yes give wor or dates of service) APPROXIMATE NTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) METASTATIC CARCINOMA LUNG DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART .(0) TO FUNERAL DIRECTOR: After this certificate has been STOM ACH-ULCGRATION 0 6 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 205. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO I 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, item 18) 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21a. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R F.D. No. City or Town Stote County While Not while of work 220. I certify that (I) (this haspital) attended the deceased from MAR. 27, 19, 69, to APRIL 11, 1969, that (I) (see) last saw the deceased alive an APRIL 10, 1969, and that in (my) (see applicance death accurred and the date and have and from the 4 may be retained by director, page 3 should should be filed with the ! causes stated above, (1) fuel (did) (did not) view the bady after death. 22b. SICHERI LRE 22¢ DATE SIGNED ATTENDING DEGREE 4/14/69 PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS G.F. MEADORS TOLEHOUSE AVE TREDERICK 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, (REMATION 23d LOCATION (City or Town) (Stote) (County) Park Heights Cemetery Brunswick, Md. runswick. "d. Funeral Forme



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	05402		, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		05395
= -2=	I. DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOURP
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OR ATTEND be retained JIRECTOR: Al	saw the deceased courses stated above	alive an e, (I) (we) (did) (did nat) view the	19, and that in (my) (aur) a bady ofter death.	pinion death accurred on the	dote and hour and from the
reto FCTC Shrwith	22b. SIGNATURE	5 ,	11) ATTENDING PA	MED STAFF 22	C. DATE SIGNED
DIR DIR ded	700m	5 6 6 2.00 4	9 MK DEGREE PHYS	DIRECTOR PHYS.	pr7. 1967.
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauid be filed with the	22d PHYSICIANS NAME (Type)	James E. Cro	sby, M.D. 22e ADDRESS 70	O Montclair Aven	ie - Frederick
HO 198e FUN irect haus	23a BURIAL CRETAAT ON, 23b PEMOYALISPECITY) 44		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
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		00200	DIVISION OF VITAL RECOR	CERTIFICATE OF D	EATH	05396
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the fur	3. SI	Male	4. RACE Nogro	S. DATE OF BIRT	6 AGE (In years laft winhday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS OAYS HOURS MIN
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hysicial hysicial n pleas		WAS DECEASED EVER IN U.S. ARMEE es, noggement work	FORCES? I 6b SOC AL SECUE 2 12 - 2 0	17 INFORMANT -6826A Mrs. S	arah J. Gerden-Bu	rkittsville,N
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O O O O O O O O O O O O O O O O O O O		22b SIGNATURE 22d PHYSICIAN-S NAME (Type)	1. Juce	DEGREE ATTENDING PHYS	MED STAFF DIRECTOR PHYS	DATE SIGNED
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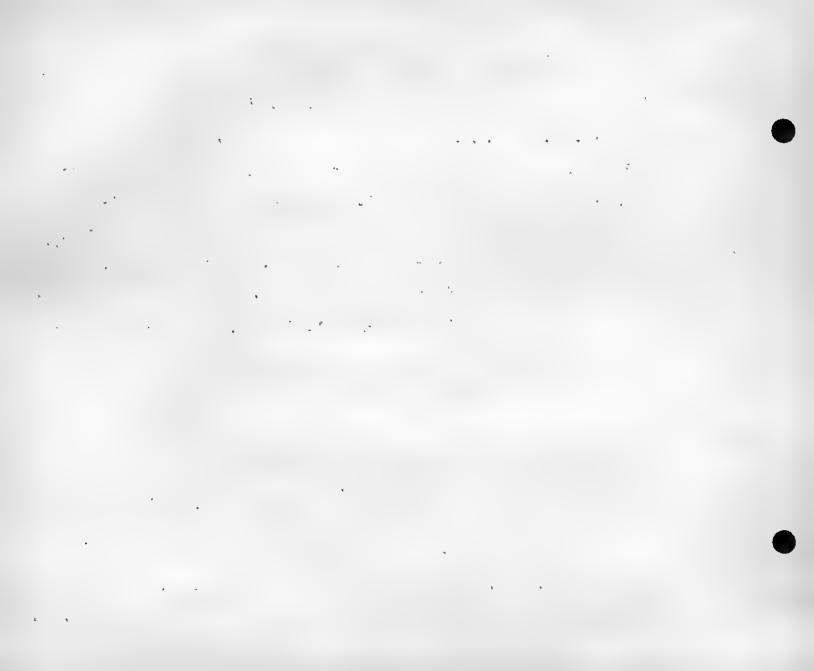


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		07/01	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL			
		05404		CERTIFICATE OF DEATH	05397		
년 12년		CEASED-NAME First	Middle	/ Lost	20 DATE OF DEATH	2b HOUR	
r death	(ype of print) THOMAS	WILLIAM	Griss iTh	4. Month 280	7.307 M	
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the sit in the same of the sam		Canditions, if any, which gave nose to immediate cause (o),	(b)				
tha an. by ran ran		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F			
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SICE Splitter and the second s	MEDICAL	(If either, notify medical exami	ner) P.M.	19			
ha: ha: ach ept	2	21d INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21f LOCATION Street or R.F.D	No. City or Town	Caunty State	
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Red Red Control of the the		causes stated above	, (1) (we) (did) (did nat) view th	e bady after death.	pinian acam accanca an me a	die die noar die irain me	
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VR A15	24.	PUNERAL DIRECTOR	ADDRE N		BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE	
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		00400		(ERTIFICATE OF D	EATH		05398	
= = ==		CEASED NAME First ype or print)		M ddle	Last	2a DA	TE OF DEATH	2b. HOU	JP.
8 2 8	L	<u> </u>	rles	Alfred	Harner		April 12. 196	9 Year /2/	M
in (file)	3. SI		4. RACE		S DATE OF BIRT	Н	6 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS M	HRS.
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ecuted with completely bye carban	13a. adm:	USUAL RESIDENCE (Where deceases	ed lived, if institution-	Residence befare		B INSIDE CITY LIMITS?]	3e. STREET AND NUMBER		
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X (Plane)	14 1	ATHER S NAME First	Middle	Lost	15. MOTHER S MAID	DEN NAME First	Middle	Lost	
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cate sicio sicio sicio aled		WAS DECEASED EVER IN U.S. ARA	or ar detay of secure	SOCIAL SECURITY NO			Address	21727	
phy en p		es, no, ar unknown) (If yes give v NO		17-32-50	30 Mrs. Edit	h S. Harne	er, Emmitsbur	g. Maryland	_
ing Th		IB. CAUSE OF DEATH (Enter on	ly one cause per line to			1 5-		APPROXIMATE INTERVAL BETWEEN-ONSET AND DEATH	
eaff endi mit.		PART I. DEATH WAS CAUSED	ATE CAUSE (a)	LO ZOY	dry boar	Ecenter		CHOZER	
affe affe an,		711	DUE TO, OR AS A	CONSEQUENCE OF	1/400	101		1-1-	
the sit	L	Conditions, if ony, which gove) rise to immediate cause (a), ((b) 61/2	Keruy	Clariff &	Veliseon	e Rue	al TRACES	-
tran by tran crer		stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF					
ysici ysici ned ial-		last.	(c)						
equires tha physician. signed by burial-tran		PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMINAL D	DISEASE OR CONDITION	GIVEN IN PART 1(a)		
law randing been s the ior to	종								
as b de de la	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH C	PERATION WAS PERI			Ob. IF YES, WERE FINDINGS CO AUSES OF DEATH?	INSIDERED IN CERTIFYING	
e ho	ERTIF	Ol. ACCIDENT WAS HEREDIVIS	D 1411 THE OR 1111	(=)	YES 🗌	NO 3C			
PHYSICIAN: The he haspital ar atter this certificate has letached far use at Dept. af Health pri		210. ACCIDENT WAS UNDERLYING CAUSE OF DEAT		JRY anth Day Year	21c. HOW INJURY OCCUR	RED (Enter nature o	f injury in Port 1 or Port 2, 1	tem 18.)	
SICI Spire spire ed ed	MEDICAL	OR CONTR BUTING CAUSE OF DEAT	ner) P.M.	19					_
ha h		21d INJURY OCCURRED 21e While Nat while at work	PLACE OF INJURY (AFR	DME, FARM, STREET, FACTO E BUILDING, ETC.	ORY.) 21f. LOCATION Street of	or R.F.D Na	City or Town	County State	
i de l	П	at work at wark		Late		10 30	115	000	_
DIN Py Affte be Sto		22a. I certify that (I) (the saw the deceased a causes stated abave	is haspital) atteride	deceased	and that in (my)		ath accurred on the day	to and have and from	last
MR: A the		causes stated abave	(I) (we) (did) (did	nat) view the b	ady after death.	(doi) apinian de	am accorred an the ag	e and hadr and frain t	ine
Shoot Shoot		22b. SIGNATURE	1 47 1	11.		1 Sugar	22c [ATE SIGNED	_
OR be r		66	TO CORE	146	DEGREE PHYS	DIRECTOR	STAFF D /2	0/1 /09	
AL C		22d. PHYSICIAN'S			22e, ADDRE			1	_
SPII 4 m ar, d b		NAME (Type) Dr	. W. R. Cad	це		Emmitsbu			
Page 4 may be retained by the haspital ar attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we page 4 may be retained by the haspital ar attending physician and complete director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carb shauld be filed with the State Dept. af Health prior to burial, crematian, or remaval, and to any event,	230	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF C	METERY OR CREMATORY	23d. LC	OCATION (City or Town)	(County) (State)	
5 5 5 € £			ril 14. 196	9 Kevs	wille Cemeter		sville, Carr		
VR A75 VA	24.	FUNERAL DIRECTOR	1 love & 21	ADDRESS	25	Šď. REC'D BY REGISTR		SIGNATURE	
30M REV. WARN		Clarence E W	Laon	Em	mitsburg. Md	APR 16 1	969 June	Almage	

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	1		AND STATE DEPARTMENT OF H		
		05406 DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	0.0
1	_		CERTIFICATE OF DEATH	U5.	39 s
# -5#		ECEASED-NAME First Middle (ype or print)	lost	20. DATE OF DEATH	Yeor 45P
equires that the death certificate be executed within 24 habes after death. physician. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages I and 2 burial, cremation, ar remaval, and in any event, within 72 haurs after death.		JUDITUH JACKSO	N HENRY	April 16 1	1969 12 · M
e for	3 \$	4 RACE	S. DATE OF BIRTH	6 AGE (In years IF	TUNDER I YEAR OF JINDER 24 MRS
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E LET E	7o. cou	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
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il age	10. (TITY OR TOWN OF DEATH II NAME OF HOSPITAL OR give street oddress)		L OCCUPAT ON (Kind of work done	126 KIND OF BUSINESS OR
bod with		Frederick Frederick 1	Memorial Hosp Hote	l Waiter	INDUSTRY *
pled car	13o odm	USUAL RESIDENCE (Where deceased lived, if institution Residence before	re {13c, CITY OR TOWN 13d, INSIDE CITY LIW	MITS? 13e. STREET AND NUMBER	
com com dive		Md Frederick	Frederick YESK NO	1 South Bentz	Street.
nd nd	14. 1	ATHER S NAME First Middle Lost	15 MOTHER'S MAIDEN NAME FIR	rst Middle	Lost
d in din		Jackson NMN Henry	Maron	retta NMN T	hornton
a de sicilia de la compansión de la comp	16o.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURIT	TY NO 17 INFORMANT	Address	NO STRUCK
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eath andia ar re		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0)	ie Congleteur hla	rt Jaelura	2+mar
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OR ATTENDING PHYSICIAN: The faw requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by le 3 shauld be detached far use as the burial-trared with the State Dept. af Health priar to burial, created with the State Dept.	N.	azatemia			
s be	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS	PERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
토 를 함 하다 X	RTIF		YES NO NO	CAUSES OF DEATH?	
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pitolic de la company de la co	MEDICAL	or contributing cause of DEATH HOUR A.M. Month Doy Yell either, notify medical examiner)	19		
HYS has s ce ache	Æ	21d. INJURY OCCURRED While Not while	FACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town (ounty State
the Hiji detre of De		ot work ot work	1 /	1.1.	
by frer frer Stat		22a. I certify that (I) (this haspital) attended the deceased alive on 27/6/67	ised fram 4/5/67, 19	, to 4/16/69 , 19	, that (I) (we) last
ENE Ped Ild The		causes stated abave, (I) (we) (did) (did not) view th	_19, and that in (my) (our) apin	nian death occurred an the date	and haur and fram the
A Figure 1 September 1 Septemb		22b_SIGNATURE	e bady after death.	22: DAT	C CLONED
P. e. re		Justes & Miller to	DEGREE PHYS ME	ED STAFF 22c. DATE RECTOR PHYS. D 16 C	pril 1969
AL C		22d. PHYSICIAN S	22e ADDRESS	RELIDIK III PHYS. III 1 10 00	PIL (101
PIT/ mmg f, p	Н	NAME (Type) Charles H. Conley Jr N		al Bldg Frederick	3//3
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached far use as the burial-transit permit. Shauld be filed with the State Dept. at Health priar ta burial, cremation, arree.	23o	BURIAL CREMATION. 23b. DATE 23c NAME C	F CEMETERY OR CREMATORY		(State)
Page dim	T	REMOVAL (Specify) L=19-1969 Fairyi			
Child	24.	FUNERAL DIRECTOR ADDRE	SS 2So REC'D BY	Frederick Frederick Frederestran Signature (1988)	
VR A15 44 45M - 1769	C	.E. Hicks, 111 Frederick, Md	DAAPR 2		
	_		4	7 1000	Y STORES



1 1	05105	DIVISION OF		301 W. PRESTON STRE		RYLAND 21201		
'	05407	2		ERTIFICATE OF D		KIDAND ZIZUI	0540	0
ely filled in by the Tumeral ben popers. P gestrond 2 within 72 hour offs death.	1 DECEASED NAME (Type or print) T	issie	M ddle Kate	Hooper	20 DATE OF	DEATH Month (2 Doy		2b. HOUR
	sex Female	4 RACE	nite	5. DATE OF BIRT		6. AGE (In years last birthday)	IF UNDER YEAR MONTHS DAYS	F UNDER 24 HRS HOURS MIN
_ yi _ _	70 BIRTHPLACE (State or fore country) Marylan	v		8 MARRIED NEVER MARRI	ED 9. COUNTY OF			
₹24/ 71	10 CITY OR TOWN OF DEATH Frederick	II N give	IAME OF HOSPITAL OR INS street address) Pederick	Mem - Hosts	120 USUAL OCCUPATION during most of working FIOUSEWIF	(Kind of work done life, even if retired)	125 K ND OF E INDUSTRY OWn	BUSINESS OR home
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aval, and Ir	160 WAS DECEASED EVER IN I Yes, n Ounknown) (*		166 SOCIAL SECURITY N 217-56-06	0 17. INFORMANT 04 Louis Al		ddletown,		0 0
nation, or rem	18 CAUSE OF DEATH (I PART I DEATH WAS Canditions, if any, which rise to immediate cou- storing the underlying lost.	r gave) (b)	AS A CONSEQUENCE OF	otshuction +	Citistend	bleeling	SPPROX M OFTWEEN ON /2 / 2	NATE INTERVAL USET AND DEATH
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of Health g	21a ACCIDENT WAS UNI OR CONTRIBUTING CAUS (If either, notify medical	SE OF DEATH HOUR A.M.	FINJURY Month Day Year	YES	NO CAUSES	OF DEATH?	tem 18)	
e Dept. of	While Nat while at wark	2.e. PLACE OF INJURY	(AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC.		•	or Town	Cannity	State
h the Stat	saw the decea couses stated	(I) (this haspital) att ised alive an abave, (I) (we) (did)	MAN 1	d from $1 - 2000$ $1 $, 19 <u>65_</u> , ta <u>/</u> (aur) apinian death c	2. April , 19_ accurred on the da	67_, that j e and haur a	(I) (we) last ind fram the
age 3 sh filed wit	22b SIGNATURE 22d PHYSICIAN S	gr 1. Smith		D. DEGREE ATTENDING PHYS	MED DIRECTOR C	STAFF PHYS /:	April	69
To FUNERAL DIRECTOR: After this certificate has been sigmed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creating the state Dept.	NAME (Type)GEC 230 BUR AL, (REMATON, Entroval brach t	23h DATE	1230 NAME OF C	M.D. 804	CollHouse		(County)	Md .
VR A15	24 FUNERAL DIRECTOR	· · · · · · · · · · · · · · · · · · ·	ddletown	37.2	a RECD BY REGISTRAR	25b REGISTRAR S		

AS ADVIAND CTATE DEDAUTABLEDT OF H



, 1) STATE DEPARTMENT OF T		
05408	DIVISION OF VITAL RECORDS,	ERTIFICATE OF DEATH	IMORE, MARTLAND 21201	5401
1 DECEASED NAME FIRST	Mrddle	Lost	20. DATE OF DEATH	2b. HOUR
(Type or pant) Floren	ce Elizabeth	Horseman	April Manth 15	1969 11 0
3. SEX	4 RACE	S DATE OF BIRTH	6 AGE (n years	FUNDER I YEAR FUNDER 24 HRS.
Female	White	April 23.1	1903 (ast birthday) VRS.	MONTHS DAYS HOURS MIN
7a BiRTHPLACE (State ar fareign country)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
Maryland	U.S.A.	WIDOWED DIVORCED	Frederick	Md
10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST	IT JTION (If not in haspital 120 USU	A. OCCUPAT ON (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
Frederick	Frederick	Mem. Hosp. Hou	ost of working life, even if retired)	lown home
130 USUAL RESIDENCE (Where decease admissign) STATE	ed sved, if institution: Residence before	13c. CITY OR TOWN 138 INSIDE CITY	13e STREET AND NUMBER	
Maryland		FIGULECOMI	OX Hawbottom R	d. R.D.2
14. FATHER'S NAME First	Middle East	15 MOTHER'S MAIDEN NAME		Lost
Joseph	Vollus	e Anni		Unglebower
16d WAS DECEASED EVER IN US ARM Yes, pp. or unknown) (yes give w	ED FORCES? 16b SOCIAL SECURITY N in or dates of service)		Address	Route #2
		Calvert J. F	orseman Middl	etown Md.
1B. CAUSE OF DEATH (Enter an	y one cause per line far (a), (b), and (c))	0 0	7	BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED	TE CAUSE (0) Lucmon	ary embor	us massiva	- 5 minutes
Canditians, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF		101.4 1	
rise ta immediate cause (a) ((b) /2 classes	montop	hlebrus Roop	
stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF) mein	,	lach
	DITIONS CONTRIBLITING TO DEATH BUT NO	T DELATED TO THE TEDMINAL DISCASE OR	CONDIT ON CAVEN IN DADT 16-1	12070
	R	1 - 0 - +L	CONDITION STATES IN PART ITEL	
190 DATE OF OPERATION 196. (ONDITION FOR WHICH OPERATION WAS PER	FORMED 20g AUTOPSY?	206 IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
190 DATE OF OPERATION 196 O		YES NO TE	PALISES OF DEATHS	
	G 21b. TIME OF INJURY		er noture of injury in Part 1 or Part 2, It	em 18)
OR CONTR BUTING CAUSE OF DEATH	er) HOUR A.M. Month Day Year P.M. 19		• •	
21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, STREET FACT OFFICE BUILDING, ETC	ORY.) 21f LOCATION Street or R.F.D. No). City ar Town	County State
While Nat while at wark of wark	COTTICE BUILDING, EIC	1 1 100	10 6:0	,
22a. I certify that (1) (thi	s haspital) attended the decease	from 19/12 8 , 196		62, that (1) (we) last
saw the deceased at	ive an	67, and that in (my) (aur) as	inian death accurred an the dat	e and haur and fram the
22b. SIGNATURE /	(1) (we)(ala) (ala har) view me u	day direr deurn		ATE SIGNED
Henn	V. Chr.		MED STAFF DIRECTOR PHYS DI	104:11.9
22d PHYSICIANS	1101	22e ADDRESS //	PIRECUOK - PRES - 76	7-1/1/ 6/
NAME (Type) Hen	ry V. Chase	2 804 Toll How	se trederic	* Md
23 DURIAL, CREMATION 236 D	ATE 230 NAME OF C	EMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
REMOVA. (Specify) Burial An	ril 18.69 Harm	ony Cemetery	Myersville Fr	,
24 FUNERAL DIRECTOR		ony Cemetery	BY REGISTRAR 2Sb REGISTRAR S S	IGNATURE
Gladhill Com	pany Middletow	n, Md. DAMPR	2 1 1969 Villem	as judge



4	1	1	05409	DIVISION OF V	MAKTLAND ITAL RECORDS, 30		PAKIMENI U TON STREET, B		MARYLAND 21201		
			09400				E OF DEAT			054112	,
	er death.		(YPE OF Print) C3	.aude	Middle Franklin	Hum	Last M	20 DATE Apr	OF DEATH il Manth 29 Da		26. HOUR &
	the fundament	3. \$1	x Male	4. RACE	nite		ate of Birth .ugust 21.	- 1888	6 AGE (In years jast b rthday) OO YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	in by	7a l caus	BIRTHPLACE (State or fore gn itry) Md.	76 CITIZEN OF WHA		MARRIED	NEVER MARRIED DIVORCED	1	of DEATH ederick		Md
	vithin 2 ban pag within	10 (ITY OR TOWN OF DEATH Frederick	11 NAA g.ve sti	AE OF HOSPITAL OR INSTITU eet address) ederick Nur	on (If not in sing H	haspital 12a ome durin	RECTY EC	iON (Kind of work done ing life, even if retired)	126 KIND OF B	
	amplete ore cark	13a adm	USUAL RESIDENCE (Where decease ssian) STATE Md.	ed lived, if institution	n Residence befare 13	city or tow rederic	VN 13a NSIDE	NO [STREET AND NUMBER West Lith.	St.	
)	be exe on and co e remo	14. [ATHER S NAME First John	M ddle Wm.	Last Humm	15. MC	THERS MAIDEN NAI	ME First Clara	M₁ddle	Mainha	lost
)	tificate hysiciar n pleas val, and		WAS DECEASED EVER IN U.S. ARM es, no or unknown) (If yes give wi	ED FORCES? or or dates all service)	66. SOCIAL SECURITY NO. 212–14–766	9A Mrs		Ba ne Humm	ltimoreddress 1 Wooden-323	Md. 212] Hopkins	.2 5 Rd.
	Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages and 2 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages and 2 should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event. within 72 faurante death.		18. CAUSE OF DEATH (Enter only PART t. DEATH WAS CAUSED IMMEDIA 4. 9 Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause wast PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS	A CONSEQUENCE OF A	2.5	tory &	CONCONDITION CO	COCE,	APPROXIMENTAL ON THE PROXIMENT ON THE PROXIMENT ON THE PROXIMENT OF THE PR	ATE INTERVAL SET AND DEATH LECT , 7
	The law attendi has bec se as th	CERTIFICATION			H OPERATION WAS PERFOI	RMED	20o. AUTOPSY? YES NO		IF YES, WERE FINDINGS (USES OF DEATH?	CONSIDERED IN CE	RTIFYING
	ICIAN: pital or rrifficate of far u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M.	Month Day Year 19				injury in Port 1 ar Part 2,	Item 18.)	
	PHYS the has this ce detache e Dept.	ME	21d INJURY OCCURRED 21e. While Not while at work at work	PLACE OF INJURY (T HOME, FARM, STREET FACTORY OFFICE BUILDING ETC.) 21f LOCATI	ON Street or RFD	No.	City or Town	County	State
	TENDING ined by 1 OR: After suld be controlled the State		22a. I certify that (I) (this saw the deceased all causes stated above	ive an	6///0_19L	Z, and the	at in (my) (aur)	9 <u>(25</u> , ta apinian dea	th accurred on the de	that and have a	(I) (we) last ind fram the
	OR AT be reto DIRECTO 96 3 sho led with		226, SIGNATURE	1. 16is	TUCAN-	DEGREE	ATTENDING PHYS	MED. DIRECTOR [DATE SIGNED or •30–196	59
	O HOSPITAL Page 4 may O FUNERAL director, page				mas- M.D.				ederick, Md	21701	
	Page To Ful	`		2-1969	23c NAME OF CEM Mt. Oliv	et Cem	etery	Free		21701	(State)
	VR A 5 /4)	24.	FUNERAL DIRECTOR Electron M.R.Etchison	& Son	Frederick,	Md.21	701 250 REC	D BY REGISTRA		S S GNATURE	Roay



	1			ID STATE DEPARTMENT OF H		
	1	05410		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	0.1
#				CERTIFICATE OF DEATH		05403
off.		ECEASED NAME First Type or print)	Middle	Last	20 DATE OF DEATH	26 HOURD
er death funerol	3 S		rence Edward	Jewell- Sr.	Apr. Month 13 Do	
	3 3		4 RACE	S DATE OF BIRTH	6 AGE (In years	F JNOER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS M.H.
S S S	2	Male	White	Feb. 7-1895	lost birthday) YRS	
Page 1	cau	BIRTHPLACE (State or fore.gn 7 Tale)	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	WORKIED AND WELLY WARKIED	9. COUNTY OF DEATH	
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within lely fill rbon p within		Frederick	11 NAME OF HOSPITAL OR IN give street address) Frederick Me	m. Hospital	NEOCCUPATION (Kind of work done ost of working life, even if retired) over Operator	12b KND OF BUSINESS OR COnstruction
executed within 24 haurs after death a completely filled in within funeral only event, within 72 haurs ofter death	13a. a am	USJAL RESIDENCE (Where deceased iss an) STATE Md.	thred, if institution Residence before 13b COUNTY Frederick		Mars? 13e STREET AND NUMBER Lime Kiln-M	d.21763
A BER	14.	FATHER'S NAME FIRST	Middle Lost	15 MOTHER'S MAIDEN NAME FIL		Lost .
d 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	L	John	Henry Jewell		Maude	Mason
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s be as to a	CERTIFICATION	19a DATE OF OPERATION 19b, CO	ONDITION FOR WHICH OPERATION WAS PE	REORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The state of the s	RTIF			YES NO 🔀	CAUSES OF DEATH?	
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HYSI hosp cher cher	ME	21a. INJURY OCCURRED 21e PL	LACE OF INJURY (AT HOME, FARM, STREET FAG OFFICE BUILDING, ETC.		City or Tawn	Caunty State
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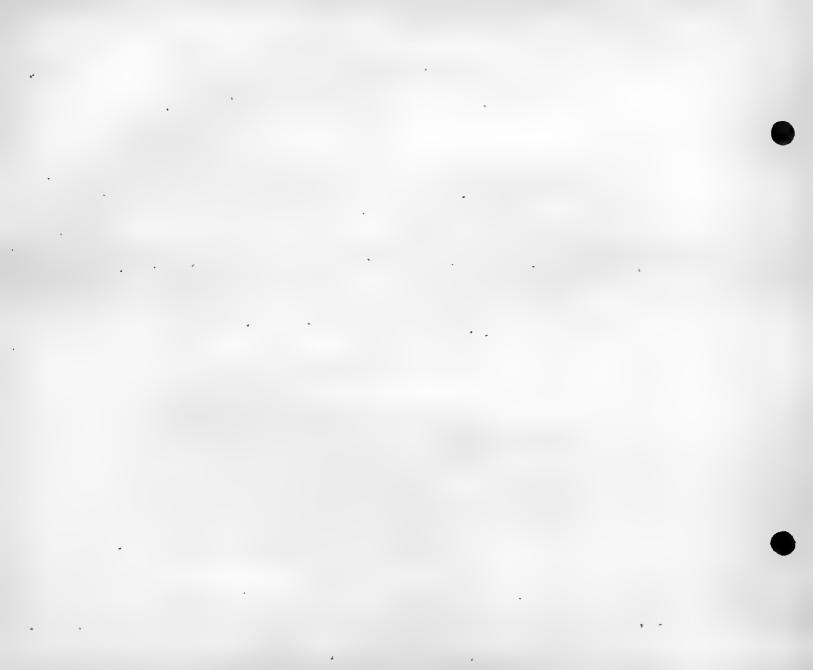
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	PH	d be		NAME (Type) Dr	. B.	O. Thom	as Jr. M	.D.	228	3 Nort	h Ma	rket	Street,	Frederi	ck. Md.
	O HOSPITAL Page 4 moy	director, should b	23o	BURIAL, CREMATION,	36 DAT	E	23c NAME OF C	CEMETERY OR (OCATION (Cir		(County)	(Stote)
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	•	VR A15 (4)		FUNERAL DIRECTOR R. Etchison	n &	Son Fune		serice	Ž	So. APR	Y REGISTR	1969	156 BEGISTRAR'S	MENATURE	2.
		-2m - 1/2/				106 East	Church S	Street)		DAIL	24 Y.		<i>U</i> .	0 0	



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TO DEPUTY DICA necessory, please ex the funeral director. 5 moy be retained for FUNERAL DIRECTO Health prior to buri	230	BURIAL (REMAT	ON, 23b	DATE	220	NAME DE CE	METERY OF	R EREMATORY		LOCATION ((founts)	/State)	
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			MAKYLAN	D STATE DEPARTMEN	NI OF HEALTH		
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s aft		Male	White	Oct. 2	27, 1912	last birthday) 56 YRS	MONTHS DAYS HOURS MIN,
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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital at attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 3 shauld be filed with the State Dept. at Health priar to burial, cremation, or remayal, and in any event, within 7 the death	16a	WAS DECEASED EVER IN L.S. ARM es, no. or unknown) (11 yes give in	NED FORCES? or or dates of service) 220-30-6	17. INFORMANT	Edna D.	Address Mi	iddletown, Md.
at the death certifi the attending phy nsit permit. Then mation, or remaya		18 CAUSE OF DEATH (Enter on	ly ane cause per line for (a), (b), and (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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OR DE L	ı	Char	les KW w			□ STAFF □ □	z1-67
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NER Har,		Cita.	rles R. Wierer I		sville		(f) h \ \ (f) \ (f)
oge of the share o	23a.	BURIAL, CREMATION, REMOVAL (Specify)		CEMETERY OR CREMATORY		CATION (City or Town)	(Caunty) (State)
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	1		AF747	DIVISION OF VITAL RECORDS	, 301 W. PRESTON ST	reet, Baltimor	E, MARYLAND 21201		
	-		05414		CERTIFICATE OF	DEATH		-0549'	7
	£ _2£		ECEASED-NAME First	Middle	Lost	2a.	DATE OF DEATH	м .	25. HOUR
	or deoth	L	Type or print) Char	les Franklin	Lewis		Apri ^M I ^{nth} 2 ⁰	7 1969	6 A: M
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	is the second		Male	white	Oct.	30, 188	36 Idai Bernady) YRS		NOURS MAIN
	No di	70		76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA	KKILD	UNTY OF DEATH		
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	Within 24 hours after deoth. Sy filled in by the Tunerol on papers. Pogge-7 and 2 within 72 hours offer deoth.	Λ.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II	NSTITUTION (if not in haspital	120 USUAL OCC	UPATION (Kind of work done	125 KIND OF B	JSINESS OR
,	- Popia		hurmont	give street address). Own Home			working life, even if retired	Orche	rd
	Smple ve con		USJAE RESIDENCE (Where deceosi	ed lived, if institution: Residence before 13b. COUNTY	Thurmont	YESE NO	13e. STREET AND NUMBER	t St.	
	and con remain only	14	FATHER'S NAME First J. Hot	Middle Lost Oker Lewis		AAIDEN NAME FIISI Laura	Kelbaugh Middle		Lost
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80	The otte has has has has	- []			YES [NO 🗆	CAUSES OF DEATH?		
	or ote r us		21a ACCIDENT WAS UNDERLYIN		21c HOW INJURY O		re of injury in Part 1 or Part 2	?, (fem 18.)	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of Poge 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the director, page 3 should be detached far use as the burial-transit permit. Then please remane corban papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the state Dept.	W W	21d. INJURY OCCJRRED 21e.	PLACE OF INJURY (AT HOME, FARM STREET F OFFICE BUILDING, ETC.	1		City or Town	County	State
	NG yy the territer of		22a. I certify that (1) (thi	s haspital) attended the decea	sed from Tarnet	1942	to april 29, 1	9 <u>69</u> , that () (we) last
	ed be		saw the deceased a	s haspital) attended the decearive an (we) (did nat) view the	1968, and that of C	ny) (aur) apinian	death occurred an the o	date and haur a	nd fram the
4	TOR TO SEE		22b SIGNATURE	, (1) (we) (ala) (ala nat) view the	body difer death.			c. DATE SIGNED /	
	OR / B F F G S S S S S S S S S S S S S S S S S		Jones I	Monusista	DEGREE PHYS	ING MED.	R STAFF C	4/30/0	9
	AL C		22d. PHYSICIAN'S		1220 AD	DDECC		/-/-	
	Foge 4 may be retained to FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the Should be should be filed with the Should be should		NAME (Type) Ge	orge Morningst	ar	Er	nmitsburg, 1	Md.	
	HOS FUN Perfo	230	BUR AL, CREMATION, 23b. I		CEMETERY OR CREMATORY		LOCATION (City or Town)	(County)	(State)
	5 5 5 E		BEYPY 1 (5-		Ridge Ceme	tery Th	nurmont Fre	d. Co.	Md.
	VR A15	24	FOWERAL DIRECTOR	Pavmond	E. Creager	250 RECD BY REG	ISTRAR 256 REGISTRAN	S SIGNATURE	2
	30M REV		Tommer HE 7	(WAT 1 Thrown	ant Ma	MAY 2	1000	The state of	_

MARYLAND STATE DEPARTMENT OF HEALTH



, 1			D STATE DEPARTMENT OF HE 301 W. PRESTON STREET, BALTIN		
	n5415		CERTIFICATE OF DEATH	TORE, MARIEMED Z1201	05408
	1 DECEASED-NAME First (Type or print) Ru:	Middle th Ellen	lost Main	20. DATE OF DEATH April Month 7 Doy	2b HOUR a
	3 SEX Female	4 RACE White	S. DATE OF BIRTH Sept. 22-190	6 AGE (In years last birthday) 63 YRS.	HONTHS OAYS HOURS MIN
	country) Md.	76 CITIZEN OF WHAT COUNTRY? U. S. A.	WIDOWED DIVORCED	COUNTY OF DEATH Frederick	Md
3	10 CITY OR TOWN OF DEATH Frederick	11 NAME OF HOSPITAL OR IN: give street oddress) Frederick Me	an. Hospital 120 USUAL during mos	OCCUPATION (Kind of work done to tworking life, even if retired)	125 KIND OF BUSINESS OR INDUSTRY
7	odm ssion) STATE Md.	d lived, finstitution: Residence before 13b COUNTY Frederick	Frederick 13d INSIDE (ITY (IM)	Route 4	
	14. FATHER S NAME FIRST	No May	IS MOTHER'S MAIDEN NAME FIRS	Middle B•	Stockman
	160. WAS DECEASED EVER IN U.S. ARMI Yes, no ar Jinknown) (If yes give wa		17 INFORMANT	Route 4-Frederi	
	Conditions, if ony, which gove tise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONG	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	1 < 1	IDITION GIVEN IN PART 1(0)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	190. DATE OF OPERATION 196 CO	ONDITION FOR WHICH OPERATION WAS PE	REFORMED 206. AUTOPSY? YES NO 3	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examina	HOUR A.M. Month Doy Year	21c HOW INJURY OCCURRED (Enter n	oture of injury in Port 1 or Port 2, I	lem 18)
	While Not whe e	LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING ETC		City or Town	County State
	220 I certify that (1) (this saw the deceased alr causes stated abave,	haspital) attended the decease ve on 4-7 1 (I) (we) (did) (did nat) view the	ed from 3 - 2 \ , 1964 964, and that in (my) (our) apini bady after death.		
should be filed with the State Dept of Health prior to	22d. PHYSICIAN'S NAME (Type)	Star E. CTV A	DEGREE ATTENDING DIRECTORY 22e. ADDRESS 22e. ADDRESS	CTOR STAFF 22c. 1	DATE SIGNED 7-7-6-9
	230 BLRIAL, CREMAT ON, 23b. DA	ATE 230 NAME OF 10-10-1969 Mt.Oliv	ret Cemetery	23d LOCATION (City or fown) Frederick-Frede	(County) (State) erick-Md.21701
的	24. FUNERA. DIRECTOR Elector M.R. Etchison &	Son Frederick	Md.21701 250. RECD BY		SIGNATURE



15	Ιt	em 18 Film 412	2 5-5-69ameMARYLAI	ID STATE D	EPARTMENT OF H	EALTH	
-13		05416	DIVISION OF VITAL RECORDS		TE OF DEATH		05409
2 82		CEASED NAME First	Middle		Last	20. DATE OF DEATH	2b HOUR g
death and and death	(ype or print) Harry	Washingt	on	May, Sr.	April 2	9 1969 10:15M
	3 S		4 RACE		DATE OF BIRTH	6. AGE (In years	FUNDER 1 YEAR - UNDER 24 HRS.
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Male	White	2	Sept. 9, 1912	lest birthday) YRS.	MONTHS DAYS HOURS MAN
4 in over 72 hour	COU	SIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY? U. S. A.	8 MARRIED X	A MEARY IMPROVIED	COUNTY OF DEATH Frederick	Md
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely fulled in bythe and 2 should be detached far use as the burial transit permit. Then please—remove carbon paper, 2009s 1 and 2 ed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 hours of death.	10 (Trederick		morial H	inhospital 120 USUAL	OCCUPATION (Kind of work dane st of warking life, even if retired)	12b KIND GHRUSINGS COP
ote be executed with cian and campletely lease. remove carban and in any event, with	130 adm	USUAL RESIDENCE (Where deceose snear \$15and	ad lived if institution Residence before	Route 6			
\$ 2 E 6	14	ATHER'S NAME First	Middle Last	15	MOTHER'S MAIDEN NAME FIR	st Mrddle	last
1		Charles	W. May		Annie	V.	Roberts
trificate hysicia n plea val, an	16a 1	WAS DECEASED EVER IN S ARM es, no or unknown) (If yes give wi	ED FORCES? 166 SOCIAL SECURITY 213 18 83		ormani • Dorothy May	Address Route 6,Freder	ick, Md.
cer The p		18. CAUSE OF DEATH (Enter on.	y ane couse per line far (a), (b), and (c				APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
eath ar re		PART I DEATH WAS CAUSED	nv		KH MAHALLA	11/14/18/14/11	THE STATE OF
afte an, an		571.0	DUE TO, OR AS A CONSEQUENCE OF		· · · · · · · · · · · · · · · · · · ·	X	
the sit production		Canditions, if any, which gave)	(b) Alco	oholism			ll days
es tha iician. ed by ii-tran		stoting the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF				
quir phys ugne suric		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT I	IOT RELATED TO 1	THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
nng en he h	2		s cirrhosis of		Severe bro		
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca director, page 3 shauld be detached far use as the burial-transit permit. Then please-eman shauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any	CERTIFICATION	190. DATE OF OPERATION 19b. (ONDITION FOR WHICH OPERATION WAS P	ERFORMED	206 AUTOPSY? YES ☑ NO □	206 IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ar are		210 ACCIDENT WAS UNDERLYING		21c HOW	INJURY OCCURRED (Enter	noture of injury in Part 1 or Part 2,	Item 18)
P. to	MEDICAL	(If e ther notify medical examin	er) PM	19			
Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. of Healt	W	21d NJURY OCCURRED 21e While Not while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY) 21f LOCA	ATION Street or R.F.D. No.	City or Town	County State
by ther there be start		22a. 1 certify that (I) (thi	s haspital) attended the deceas	ed fram	1-8-,196	9, to 4,20,19) <u>6 4</u> , that (I) (we) last
R: A		saw the deceased al	ive an 4-2-3 (I) (we) (did) (did nat) view the	bady after de	that in (my) (aur) apin ath	ian death accurred an the d	ate and havr and fram the
Short		22b SIGNATURE 7	, try (ma) (and) (and mar) shows the	sady affer de		220	DATE SIGNED
De red w		Buch	martin	DEGREE	ATTENDING PHYS	O C7AEE	ril 21, 1969
PITAL FRAL L ERAL L In, pag J be fill		22d. PHYSICIAN'S / NAME (Type) Rex R	. Martin, M. D.		22e. ADDRESS	arket St. Frede	
HOS ge 4 FUN rectt	23a.	BUR AL, CREMATION, 235 C	ATE 23c NAME OF	CEMETERY OR CE	REMATORY	23d LOCATION (City or Town)	(County) (State)
55 5 5 4 V			il 23, 1969 Mount		Cemetery		rederick Md.
VR A15	24	FUNERAL DIRECTOR	ADDRES!	Free	250 A 60 R	2EGISTRAR 1969 256 REGISTRAR	S SIGNATURE
45M - 1/69		M. R. Etchis	on & Son, Frederi	ck, wary	Latra DATE		The state of the s



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05410
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 2g DAFF KNOWN Month Day Year 15 HOUL
is to of of	(Type or Pent) Kenneth Miles OF ESTI- 4 26 1969 6:30
d 3 to Page Page	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years 1.5 LADER , YEAR 1 IF UNDER 24 HPS 20 DATE PRONOUNCED DEAD 26 HOULE
	Male White Feb. 24, 1940 29 VRS HOWERS MIN Mogth 28 Year 169 6:36
	7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED 9 COUNTY OF DEATH
Z E G	West Virginia U.S.A. WIDOWED DIVORCED Frederick
ooth, any de oog the form PM3.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND GETR GINES OF
hours after death them 18. Give Pages 1, Office along with form and 2 with the State De after death.	Frederick give street address) Frederick Memorial State Road State Road
after de 8. Give F blang with the eath.	13d USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INS.DE CITY LIMITS? 13e STREET AND NUMBER
ded w	Tyest Va. 136 county Yolvn YES NO 52
hours after hem 18. Go Office alghin	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
	Allen Miles Blanche Raines
hin 24 ncıl in niner's pages hours	160, WAS DECEASED EVER IN U.S. ARMED FORCES? LIAB SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
be exmeuted within "pending" in penell infermine. Medical Examine mist permit. File page event within 72 hou	(Yes, no, or unknown) (II yes give war or darks of service) 233-62-6087 Billy Miles, Chesapeake City, Md.
ed with per line per line per line per line 72 in 72	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
xacuted nding" if Medical permit.	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TRANSECTED RACHEA
exmundiin Mer	/ / DUE TO, OR AS A CONSEQUENCE OF
be "pe nief nnsit	Conditions, if any, which gave 1
ard and e Ch Truck	rise to immediate couse (o), storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
Thauld be on ward "pe on the Chief burnat-transit in any ever	lost. (c)
INER: This certifies haufd be executed within 24 e certificate, writing the ward "pending" in pench in shauld be forwarded to the Chief Medical Examiner's files 3 shauld be used as a bunal-transit permit. File pages action, ar remayal, and in any event within 72 hours.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
file ting rder as as	
This certifiete to cate, writing the forwarded to be used as a fir remayal, and	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)
This are, are for the	WAS PERFORMED? YES NO
d b	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)
INER: T shauld b shauld b files 3 shauld	E CAUSE OF DEATH LOCAL PM 4-26 196 / I AVI U ACC UT-70 1
	to the first of the first of the second of t
ical E e execu tor. Pag ed far cToR: F burjal,	220 certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry . and in my opinion
be e e e	deoth resofted from. Notural equises, Accident
TY DIC	ACTUAL OF UNITED STATE SIGNED
rry, p eral er be re prio	SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER
PUT San Une Vy b NER	EXAMINER'S DEPUTY MEDICAL EXAMINER A TO TO TO
	NAME (Type) Robert V. Thomas ADDRESS (Street, city, tawn, or county)
5 g # 2 5 H	23a BJRIAL, CREMATION, PREMOVAL (Spec by) BUT121 23b DATE 23c NAME OF CEMETERY OR CREMATORY STOREST Lawn Cemetery Logan W. Va.
VR A15ME (5)	24 FUNERACIDATE STATE ADDRESS 250 REC D BY REG STRAR 250 REGISTRAR'S S GNATURE MAY 6 1969
10M REV 1768	Hicks Home for Funerals, Elkton, Md. 6 1969

MARYLAND STATE DEPARTMENT OF HEALTH





MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05419 05412 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 24 hours after death. 20 DATE OF DEATH death. 2b. HOUR (Type or print) Aprilopth MATHIAS B. MILLER. SR. 10p/M 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (in years IF JINDER I YEAR IF UNDER 24 HRS lest birthdey) DAYS HOURS May 14, 1884 White Male YRS. papers. 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (Ountry)
Maryland Frederick WIDOWED TX event, within 72 U. S. A. DIVORCED [filled IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USLA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed-wirkin give street oddress)
Montevue Infirmary during most, of working life, even fretired.) **INDUSTRY** ease remove carban campletery Frederick 130 JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 13a ANSIDE CITY TAMES? 13e STREET AND NUMBER odmission) STATE 13b COUNTY Frederick YES 💂 NO [502 South Market Street Frederick Maryland burial, crematian, or remaval, and in any 14. FATHER S NAME and Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Miller Cramer Franklin Pierce Cora 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) [If yes give war or dates of service] Francis R. Miller. Sr. Alexandria, 09 3043 Va. 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c))
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) APPROX MATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), signed by 1 DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been detached far use as the e Dept. af Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. ALTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO M 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) State Dept. 21d INJURY OCCURRED 210. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a I certify that (I) (this hospital) attended the deceased from Light 50, 1966, to 1967, 1967, that (I) (we) last sow the deceased alive an Light 4, 1967, and that in (my) (our) apinian death occurred on the date and haur and from the director, page 3 should should be filed with the causes stated abave (1) (we) (did) (did nat) view the body after death. 225 SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR STAFF April 7,1969 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) LeRoy T. Davis, M.D. 228 N. Market St. Frederick, Md. 23b DATE 23d LOCATION (City or Town) 230 BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) BULL Spec fy) Mount Olivet Cemetery Frederick Frederick Md. 24. FUNERAL DIRECTOR VR A15 VI M. R. Etchison & Son, Frederick, Md.



	1				D STATE DEPARTM				
		แอนลัก	DIVISION OF VI	(301 W. PRESTON STI		MARYLAND 21201	0541	3
eral and 2 death.		ECEASED-NAME First Type or print)	Charles	M.ddle	Mullican		TE OF DEATH Month 14 Doy	2 Year 69	2b. HOUR 7:35 ^P M
thours after death in-by, the funeral Pages 1 and 2	3 SI	male	4. RACE	sion	S DATE OF BI 8/30		6. AGE (in years last birthdoy)		JNDER 24 HRS.
4 hours	7a, 1	BIRTHPLACE (State or foreign ntry) Frederick	U.S.A.	COUNTRY?	8. MARRIED NEVER MAR	KIEU	y of DEATH		
within 2		CITY OR TOWN OF DEATH Frederick	11. NAME	OF HOSPITAL OR IN: et address) derick Ni	TITUTION (If not in hospital	12n USUAL OCCUPA	ATION (Kind of work done rk ng life, even if retired.)	12b KIND OF BUS INDUSTRY Auto pa	SINESS OR LITTS
campletely overcarbo y event, w	13a	USUAL RES DENCE (Where deceased issian) STATE	lived, if institution	Residence before	13c CITY OR TOWN	3d INSIDE CITY LIMITS?	3e. STREET AND NUMBER		
be exe	14. 1	FATHER'S NAME First Charles	Middle E/	lost Mullicar	IS MOTHER'S MA		M-ddte	Brus	Lost E t
tificate shysicion n pleos val, an		WAS DECEASED EVER IN U.S. ARMET (es, no, or unknown) (If yes give wor		b. social security i		ry Mullica	Addrewre n,110 L/8th.S	treet	id.
the death cei e attending p permit. The		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED I IMMEDIATE	DUE TO, OR AS A	or (a), (b) and (c). CONSEQUENCE OF AS 1+	arrest			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and camplefely tilled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remavel cargo, pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 the resident death		rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT COND	(c)	CONSEQUENCE OF	Mulli Fr.	DISEASE OR CONDITION	GIVEN IN PART I(a)		
The law attending has been se as the h priar to	FICAT.ON		NDITION FOR WHICH	OPERATION WAS PE	RFORMED 20a. AUTO		Db 1F YES, WERE FINDINGS CO AUSES OF DEATH?	NSIDERED IN CERTI	FYING
ICIAN: 1 bital ar tificate d far us of Healt	MEDICAL CERT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AJSE OF OEATH	21b TIME OF IN. HOUR A.M N	JURY Nonth Day Year	21c. HOW INJURY OCC	(m.m.)	f injury in Part 1 ar Part 2, lt	ern 18.)	-
PHYSI the hosp this cer detache e Dept.	ME	21d tN.JRY OCCURRED 21e Pl While Not while at wark	ACE OF INJURY (AT	HOME FARM, STREET, FAC ICE BUILDING, ETC.	TORY,) 21f LOCATION Stree	t ar R F.D. No.	City ar Town	County	State
TTENDING ained by Affer OR: Affer aould be		22a I certify that (1) (this saw the deceased alive causes stated above,	hospital) attend te an <u>4//</u> (I) (we) (did) (did	ed the decease (F) 1 denot) view the	ed from 9, and that in (my bady after death.	, 19_6_7, to y) (out) apinian dec	ath accurred an the dat	64 , that (I) re and haur and	(we) last d fram the
L OR A. v be rett DIRECT		22b. SIGNATURE 22d. PHYSICIAN'S	itin Pro	mrs 3	DEGREE ATTENDIN PHYS	DIRECTOR	STAFF 22t D	ATE SIGNED	
OSPITA OSPITA INERAL INERAL Old be	22.	NAME (Type) A	Austin Pe		M.D. Foll	House Ave.	Frederick,		
		BURIAL CREMATION. 235 DA REMOVAL (SPECT) FUNERAL DIRECTOR	1 4,1969	Mount O	EMETERY OR CREMATORY Liyet Cemeter	TY Fred 230 LG Fred 250 REC'D BY REG-5TR		erick l	(State) Md.
VR A15	24	M. R. Ltchis	on & Son,			DATE APR 7	1969 FCL		pe.



1	143	AARYLAND STATE DEPARTMENT OF HEALTH 21-69 amsDivision of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE		05421 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05414
HEALTH-DEPT.		DECEASED-NAME First Middle Lost (2a. DATE KNOWN) Month	Day Year 25 HOUR
N C C C		DEATH MATED April	9, 1969 10:0
iny delay 2, and 3 PM3 P66 Pagin em	3 \$	with birthday) MONTHS DAYS HOURS MIN Month Asses 1 Days Q	Year 19 69 10:Q
ny d 2, ar P.M.		ADI-11 13, 17541 PL 183	Year 19 69 10:9
- E &		B.KithPLACE (State or foreign /b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH STATE 19 COUNTY OF DEATH Frederick Frederick	na.
five along with form and with the State De	10 0	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. ISJAL OCCUPATION (Kind of work done 1	125 KIND OF BUSINESS OR
deo re Po with		Emittsburg give street address) s house nearEmittsburg Student	INDLSTRY
deoth.		USUAL RESIDENCE (Where deceased lived, if institution Residence before) 3c CITY OR TOWN	
1		Maryland Flederick Emmitesburg 18 10 K. D.#	
I house often I see a forth	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Robert W. Muma Catherine	lost Ward
thin 24 nucl in miner's pages hours	160.	WAS DECEASED EVER IN ITS ARMED FORCES? TIAL SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	ward
vithur senci smun s pa e pa 2 hc	(Y	(es, no or unknown) (Hyes give war or deres of service) 216-60-7937 Robert W. Muma, Emmitsburg, Md.	R.D.# 1
in F. First		IR CALLS OF DEATH (Enter only one cause per use for (a) (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
acute mg" dica with		PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wounds of chest	
exe f Wend f We if pe		DUE TO, OR AS A CONSEQUENCE OF	
d be d 'r Chie frans		rise to immediate couse (a), (b).	
wor wor the riol-		stating the underlying cause DUE ID, OR AS A CONSEQUENCE OF	
te should be executed wit the word "pending" in pe d to the Chief Medica! Exon a burial-transit permit File ind in any event within 72		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	1
TY DICAL EXAMINER: This certificate should be executed within 24 hours after death y, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages and director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with fail or your files. **AL DIRECTOR: Page 3 should be used as burial-transit permit file pages I and 2 with the State prior to burial, cremation, or removal, and in any event within 72 hours after death.	×		
INER: This certificate certificate, writing should be forwarder files. 3 should be used as should be used as notion, or removal, and the should be used.	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This are for	FRTIFI		YES 🔀 NO 🗌
n bld b	O ₹	PRIMARY FOR CONTRIBUTING HOUR AM.	m 18)
INEC INEC Short files 3 short intro	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or fown	County State
XAM the the ge 4 your Poge crem		WHILE AT WORK TO AT WORK HOUSE House Emmitsburg-Fr	ederick-M.D.
L EXA cecute Page Page for you IR: Pog		22a. I certify that I taak charge of the remains described obove, held on Autopsy 🔀 Inspection 🗍 Inquiry	, and in my apinian
JIY DICAL E		death resulted from. Natural causes, Accident, Suicide, Hontivide *** Undetermined manner [X
pleose I directo retained I DIREC		ACTUAL A LA	
RAL price		SIGNATURE ASSISTANT MEDICAL EXAMINER DER	11/69
O DEPUTY DICAL EXAM necessory, please execute the funerol director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health, prior to buriol, crem		Ronald N. Kornblum, M.D. ADDRESS(Street, city, fown, or county)	11/03
TO DEPUTY hecessory, the funero 5 may be TO FUNERA Health, pr	230	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
		Burial April 12, 1969 Mt. View Emmitsburg, Frede	erick Co. Md.
NO ATEME IS A	24	FUNERAL DIRECTOR 250 RECD BY REGISTRAR 256 REGISTRAR 5 S	CNATU LANGE
VR A15ME (5) 10M REV 1768		Clarence E. Wilson Emmitsburg, Md DATEAPR 14 1969 Clear	Ab A





1		MARYLAND STATE DEPARTMENT OF HEALTH	
*	П	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05416
/ FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00110
HEALTH DEPT.	l D	ECEASED NAME First Middle Lost 2a, DATE KNOWN Month Type or Print) /// a C	
y is 3 ta age age		Walter H. Saunders, Sr. DEATH MATED HOW	6 19, 1969 M
delay is and 3 ta M3. Page	3 5	e set brithday MONTHS DAYS HOURS MIN Manth Day	Year / 2d HOUR
y delay is pand 3 to page page page page page page page page	_	ale white march 10, 1914 55 yrs Apr. 19.	1969 M
5 %	7a coun	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED TINEVER MARRIED 9 COUNTY OF DEATH	
te of the second	10.7	WIDOWED DIVORCED Frederick County OF TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USDAL OCCUPATION (Kind of work done	
ve Pages y with for			
Sive Pagine Pagi		Frederick GIVANTEET GOORSS Hospital (DOA) GOORGE GOORST TOTAL TO BOOK RECEDENT TOTAL GOORST TOTAL TO BOOK RECEDENT TOTAL TO BOOK RECEDENT TOTAL TO	Snews Metal
16 Pm	6		ch Street
Them I I I I I I I I I I I I I I I I I I I	14. F	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
		Harry XXXXXXX Saunders Bertha	Fry
poge hou	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Arl., eveland St., Va.
INER: This certificate should be executed will be certificate, writing the word "pending" in pashould be forwarded to the Chief Medical Expfiles. 3 should be used as a burial-transit permit. File ration, or removal, and in any event within 72		18. CAUSE OF DEATH (Enter any one cause per line for (a) (b), and (c).) PART 1. DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN CINSET AND GEATH
executed nding" in Medical E permit. I within		IMMEDIATE CAUSE (a)	
pend pend if M if M		DUE TO, OR AS A CONSEQUENCE OF Cand trans, if any, which gave	
d b d b Chic fran y e		rise ta immediate cause (a), ((b)	
should be e ne word "per a the Chief A burial-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
te s the the d to a bu		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
fira ting rdec as as	z		
wri wri rwa rwa nave	STE	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This certificate icate, writing the be forwarded to do be used as a bar remayal, and	CERTIFICATION		YES X NO
編示 	AL CE	210. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Year PRIMARY FOR CONTRIBUTING HOUR A M PM 4-19 19 69 AUTO LEFT ROAD & ON	VERTVRNED
NER cer ter hau lies. sho sho sto	MEDICAL	PRIMARY TOR CONTRIBUTING HOUR A M 4-19 19 69 AUTO LEFT ROBD & ON CAUSE OF DEATH 21d. INIJRY OCCURRED 21e. PLACE OF INJURY (At hame, form street, 21f LOCATION Street or R.F.D. No City or Town	Caunty State
	1	WHILE WHILE AT WORK WHILE AT GOOD AT THE BUILDING WHILE AT WORK WHILE AT WORK	- FRADERIKE-MO
L EX ecut Pag far y R:Pc ial, c		22a. I certify that I took charge of the remains described above, held on Autopsy \ Inspection \ Inquiry	and in my opin on
ICAL E executor. Page of far CTOR: burial,		death resulted from: Natural causes Accident K, Suicide , Hamicide , Undetermined manne	
ease irect ainc IRE		CHIEF MEDICAL EXAMINER	
ol d d d d d d d d d d d d d d d d d d d		SIGNATURE OF DEEL XV WOLLEN M.D. ASSISTANT MEDICAL EXAMINER 22b. DA	TE SIGNED
Sary Sary Sary De P		EXAMINER'S DEPUTY MEDICAL EXAMINER	-17-67
ro DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) ADDRESS(Street, city, town, &r county)	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a	BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Apr. 23. 1969 Calvary Cemetery Fairfax, Viry	((aunty) (State)
	74	Burial Apr. 23, 1969 (alvary (emetery Fairfax, Virustine Funeral Director) Apr. 23, 1969 (alvary (emetery Fairfax, Virustine Funeral Director) Apr. 23, 1969 (alvary (emetery Fairfax, Virustine Funeral Director) Apr. 23, 1969 (alvary (emetery Fairfax, Virustine Funeral Director) Funeral Director Fairfax, Virustine Fairfax	
VR A1SME (5)	m.	rphy Funeral Home, 3524 Columbia Pike, Va. 22204 parAPR 2 2 1969 Milion	when Judge
10M REV, 1768	-100	Typing I was the Holling JD I Common to Copy the second	



		E			ID STATE DEPARTMEN			
			05424	DIVISION OF VITAL RECORDS,	CERTIFICATE OF D		, MARTLAND 21201	05417
	r deoth.		CEASED-NAME First ype or print) Doroth	Middle Blanche	Shank		PATE OF DEATH Pil Month 30 Do	1969' & AM
	ofter of	3. SI	x Female	4 RACE V/hite	S DATE OF BIRTH Feb. 2		6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	within 24 hours ofter deoth. ely filled in by the funeral ban papers. Pages and 2 within 72 hours mendeath.	cour	SIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIE WIDOWED DIVORCE	O 9 COUN	Trederick	Md
	within 24 ho ely filled in ban papers, within 72 lg		Maryland ITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	120 LSUAL OCCU	PATION (Kind of work done arking ife, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
	we core	13a. adm	LSUAL RESIDENCE (Where deceose ssion) STATE	Frederick ed lyed, if institution Residence before 13b COUNTY Frederick	Middletown Y	HOUSE HINSIDE CITY UMITS? TE NO K	13e. STREET AND NUMBER Route 40A	R.F.D.1
l	2 2 5 0		ATHER'S NAME First Harlan	Middie Lost Schildne	15 MOTHER'S MAID	en name first berta	Middle C •	Dutrow
	physicion of the please over, and it		WAS DECEASED EVER IN U.S. ARM		NO 17 INFORMANT	s A. Sh	Address	Route #7
0	at the death c the ottending nsit permit. The mation, or rem		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b)	nal Ninu		şl	APPROXIMATE INTERVAL BETWEEN ONSET AND PEATH 4/25/67
431	AN: The low requires that of a strending physicion, icate has been signed by for use as the buriol-tro. Health prior to buriol, are	THE CATHON	Di	ADITIONS CONTRIBUTING TO DEATH BUT IN CONDITION FOR WHICH OPERATION WAS PI	llitus	A5	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	PHYSICIAN: I he hospital or his certificate elached for us Dept. of Healt	MEDICAL CERTIF	William Literature	HOUR A.M. Manth Day Year	9		af injury in Part 1 or Part 2,	Caunty State
•	by the ffer the be de Stote		22a. I certify that (I) (the	is haspital) attended the deceasive an April (and) (did not) view the	1967, and that wh (my) bady after death.	(our) apinian d	226	that (I) (we) last ate and haur and fram the
	O HOSPITAL OR ATTENT Page 4 may be retained property by the property of the pr		22d PHYSIC ANS NAME (Type) Char	cles H. Conley	DEGREE ATTENDING PHYS 22e, ADDRES PRO	SS		rederick, Md.
	TO HOSPITAL Page 4 may TO FUNERAL director, page shauld be fi		BURIAL, CREMATION, 23b C REMOVAL (Specify) BUILAL Na	y 3,1969 Luth	CEMETERY OR CREMATORY eran Cemeter	y Mi		(County) (State)
	VR A15 UL	24.	FUNERAL DIRECTOR	ADDRESS Ompany Middlet		Sa. REC'D BY REGIS	TRAR 25b. REGISTRAR	

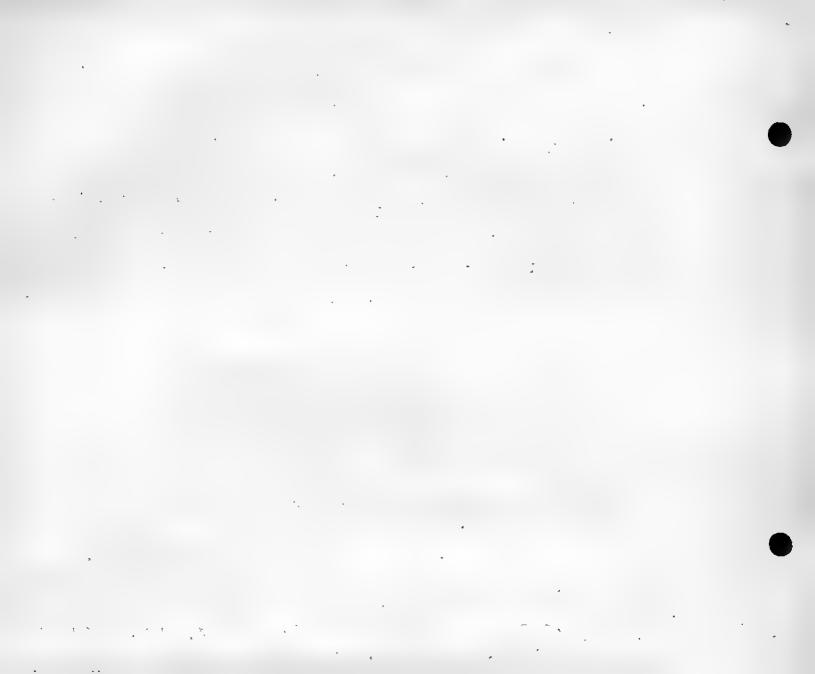


1	05105		D STATE DEPARTMENT OF 301 W. PRESTON STREET, BAI		
	05425		CERTIFICATE OF DEATH		05418
1	DECEASED NAME First (Type or print) Faul	Middle Wilson	losi Shank	20. DATE OF DEATH	2b. HOUR
3.	Male	4. RACE Thite	S DATE OF BIRTH July 23,	1913 6 AGE (In yeors lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
70	BIRTHPLACE (State or foreign untry) Marvland	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH Frederick	
4	CITY OR TOWN OF DEATH Frederick	11 NAME OF HOSPITAL OR IN give street address)	STITUTION (If not in hospitor 120 US during	UAL OCCUPATION (Kind of work done most of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY County Rd.
) odr	mission) STATE Laryland	d hved, if institution Residence before 13b COUNTY Frederick	13c CITY OR TOWN 13d. INSIDE CITY		R.F.D.1
14	FATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME		Lost
16	Roma Lu			nie	Delauter
1.0		er or dates of service)			325 Pine St.
	IB. CAUSE OF DEATH (Enter on	y one couse per line for (a), (b), and (c)	7 0 1 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		AFPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 1 DEATH WAS CAUSED IMMEDIA	BY. (a) Conge,	twe beaut	Failure	WE THEN SHILL HAD SEATH
1	Conditions, if ony, which gove trise to immediate cause (o),	DUE TO, OR AS A CONSEQUENCE OF	eyema & P.	inicarditis	
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	monia		
2		DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART 1(0)	
CERTIFICATION	196. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY? YES \(\sum_{\text{NO}} \) NO [206 IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yeor P.M. 19		ter noture of injury in Port 7 or Port 2,	Item 18.)
2	While Not while of work of wark		(TORY.) 21f LOCATION Street or R.F.D. N		County State
	22a. I certify that (1) (this saw the deceosed all couses stoted obave,	s hospital) attended the decease ve on 31 127 13 15 (1) (we) (did) (did not) view the	ed fram 29 mpr , 19 9 69 , and that in (my) (our) a body ofter death.	69, to 31 MAR 19 pinion death occurred on the de	ate and hour ond from the
	22b SIGNATURE	(. Saill) A			DATE SIGNED 1 Apr 69
	22d. PHYSICIAN'S NAME (Type) Geor	ge I. Smith Jr.	M.D. 22e. ADDRESS 801+ Te	oll House Ave	Frederick
230	BUR AL (REMATION, 236 D REMOVAL (Specify)		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
24	REMOVAL (Specify) BULL ALL ADP FUNERAL DIRECTOR	il 3,69 Gross	nickle Cemeter	y Ellerton BY REGISTRAR 255 REGISTRARS	Fred. Hd.
	,	pany Middleto		3 1969 Milan	es judge
1		A V	1 1	(3) . 1 1	The same of the sa



1 =						ND STATE DEPARTMENT OF		
10	' 1			05426	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		05419
	. 21		1 0	CEASED-NAME Firs	Middle			
	death.			ype or print)	•	Lost	april Month 29 Doy	Year 2b HOUR
	funeral funeral fer death				REY	SMITH		1969 5:30 P. N
	offer the fur ages I after a		3. 51	7	4. RACE	S DATE OF BIRTH	6. AGE (In years last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS MONTHS OAYS HOURS M.M.
	urs afte		L.	M	W	May 3, 189	4 74 YRS.	MONTHS ONLY
		1	7a. cour	BIRTHPLACE (State or fareign	76 CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	24 h			Maryland	U. S. A.	WIDOWED DIVORCED	Frederick	Md
	be executed within 24 haur Carld campletely filled in by Aremave carban papers. In any event, within 75 pt.	, 1	10 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II		UAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
	with ban wull		L.	Frederick	give street address)	William Deal. HUSA . To	mgst af warking life, even if retired)	City of Fredrick
	sd y	n	13a.	USUAL RESIDENCE (Where deced	sed lived, if institut an Residence before	13c CITY OR TOWN 3d, DISIDE CIT		
	cut eve	- 1	agm	ssion) STATE marulana	136 COUNTY derick	Frederick YES IT	40 Janes ani	t.
	exe Md c		14	ATHERS NAME / First	Middle / East	IS. MOTHER'S MAIDEN NAME		Last
	\$ 2.5			Oliver	Swith	£	手。	70.110.11
	ificate be exception and or			WAS DECEASED EVER IN U.S. AR		NO 17 INFORMANT	Address	aman
	1 2 to		Y	es, no, ar unknown) (If yes give	war or dales of service] A14-10-33	388 Mrs Mary B Smi	the Ho Commonto 7	and med
	g p						at the state of th	APPROXIMATE INTERVAL
	# #			PART I DEATH WAS CAUSI	nly ane cause per time for (a), (b) and (a) BY.	Chline- / Vis	at Julius	BETWEEN ONST AND DEATH
	ded then then in, o			1621 IMMED.	ALE LAUSE (0)	/	The break.	J + 1 00
	the a			Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE O	UCITO ONEVMON	/IA	
	y #			rise to immediate cause (a),				
	OR ATTENDING PHYSICIAN: The law requires that the death certificate-be executed within 24 haurs after death, be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral as 3 shauld be detached for use as the burial-transit permit. Then bees femave carban papers. Pages I and 2 ed with the State Dept. at Health priar to burial, cremation, or remaval, and in any event, within 7. Four after death.			stating the underlying cause last	(c) DION	CHIOGENIC O	-ARCINOMA	
	phy sign buri			PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(0)	
	w re ding een the r to		22					
	lendi s be as the		ATIO	19a DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS P	PERFORMED 200 AUTOPSY?	206 F YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
	OR ATTENDING PHYSICIAN: The law rabe retained by the haspital ar attending DIRECTOR: After this certificate has been as 3 shauld be detached for use as the ed with the State Dept. of Health priar to	- /	CERTIFICATION			YES NO [CAUSES OF DEATH?	
	AN: of ar icate for u			210 ACCIDENT WAS UNDERLYI	NG 216 TIME OF INJURY	21c HOW INJURY OCCURRED (En	ter nature of injury in Part 1 ar Part 2, It	em 18)
	A 記述 記述		S	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M Month Day Yeo	r 19		
	G PHYSIC the haspit this certification detached e Dept. af		当	21d INJURY OCCURRED 21e		ACTORY.) 21f LOCATION Street or R.F.D. N	le City or Town	County State
	PH 12 PH 14 PH 15			While Not while at work	OFFICE BUILDING, ETC.	1		,
	by the Afficer of the				ris h ospital) attended the decea	sed from T/ 19	-/ to -//2/190	
	A P D D D D D D D D D D D D D D D D D D		Ш	saw the deceased o	nlive an / //	.19 🚾 , and that in (my) (aur) o	pinian death accurred on the dat	e and hour and from the
	CR sine		Н		e((I) (we) (did) (did not) view the	body ofter death.		
	MEC STAN			22b SIGNATURE	1 + (X) 1	ATTENDING TO	MED STAFF 122c D	ATE SIGNED
	D P P P P P P P P P P P P P P P P P P P			1000	11 1 7 7000	LAV. DEGREE PHYS KY	DIRECTOR PHYS.	
	TAI AI Pog	- 1		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the Shauld be filed with the State Dept. of Health priar to	1		NO.		HES		
	HG FUS Free		230.	BURIAL, CREMATION, 23b.	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County) (Stote)
	5 5 5 S	^		REMOVAL (Specify) 3	12/69 Work	y Hell Cemetery	Mr. Woods lord	Fred. ml.
	VR ATS	OH1	24	FUNERAL DIRECTOR	ADDRES	Α	BY REGISTRAR 25b. REGISTRAR S	
	85M 11	709		J. C. Baketos	e Walkersvill	De ma DATMAY	1 5 1969 Means	Can Varidalla





1		07700		301 W. PRESTON STRE	ET, BALTIMORE, MARYLAND 2	
•		05428		CERTIFICATE OF D	EATH	05421
ir death. ineral 1 and 2 24 death.		CEASED-NAME First ype or print) Nett	ie Ellen Sto	ttlemyer	2g DATE OF DEATH Aprinch1	7 Day 1969ar 6:00 M
after of the fun	3. SI	Female	4 RACE White	5. DATE OF BIRTI		YEGITS IF UNDER 1 YEAR IF UNDER 24 HRS. (OY) MONTHS DAYS HOURS MIN.
in 24 hours filled in by popers. Pe	7a cau	IRTHPLACE (State or foreign inv) Carroll Co	75. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIE WIDOWED DIVORCE		ick Md
uted within 24		odsboro		ISTITUTION (If not in haspital IN Home	12a USUAL OCCUPATION (Kind of wad during most of working life, even if	rk dane 12b. KIND OF BUSINESS OR INBUSTRY Homo
and commetely fi	13a adm	USUAL RESIDENCE (Where deceases ssian) STATE Md.	d lived, if institution Residence before		INSIDE CITY LIMITS? 13e STREET AND NU	
and comment	14.	ATHER'S NAME First Charles A	Middle Last	15. MOTHER S MAID	EN NAME First Alice R. Hilde	Middle Last
errificate bu physician pen please en please	16a	WAS DECEASED EVER IN U.S. ARME	D EUDICES THE SOCIAL SECTIONS			ddress Noodsboro, Md.
		PART I. DEATH WAS CAUSED	one cause per line for (a), (b), and (c) BY		٠ <u>٨</u>	APPROXIMATE INTERVAL BETWEEN OBSET AND GEATH
t the death the attendi sst permit. nation, or r		4/23 Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	northern Her	of failure	YMON745
quires that physician. signed by i burial, trans		rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	ied nutract	Ü	5min ths
r requii ng phy en sign he buri to buri	z	PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT N		ISEASE OR CONDITION GIVEN IN PART 1(4	0)
The law ratending attending has been se as the th priar to	CERTIFICATION	19a. DATE OF OPERATION 196 (OND TION FOR WHICH OPERATION WAS P	ERFORMED 20d AUTOPS:	20b. IF YES, WERE FI CAUSES OF DEATH?	INDINGS CONSIDERED IN CERTIFYING
CLAN: iital or rificate far us of Heali	MEDICAL CER	21a ACCIDENT WAS UNDERLYING or contributing cause of DEATH of either, natify medical examine	HOUR A.M Manth Day Year		RED (Enter nature of injury in Part 1 c	or Part 2, Item 18.)
bing PHYSICIAM: by the haspital or After this certificate be defacted far us State Dept of Health	WE	21d INJURY OCCURRED 21e P While Nat while	PLACE OF INJURY (AT HOME FARM, STREET, FA	(CTORY.) 21# LOCATION Street of		Caunty State
ENDING ed by t t: After ild be d		22a certify that (1) (this saw the deceased all	haspitol) attended the decease ve on(I) (we) (did) (did not) view the	ed from 125 1% 1, and that in (my)	(aur) apinion death occurred a	, 19 6 7, that (I) (we) last in the date and haur and from the
RECTOR: A Should a should with the		22b. SIGNATURE	in Charles A	DEGREE PHYS	MED STAFF DIRECTOR DHYS D	22c. DATE SIGNED
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type)	ius Chepku	22e ADDRE	— DIRECTOR — 11113 —	Vestminster
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached far use as the burial-transhould be filed with the State Dept of Health priar to burial, creasingly.	23a B	BUR AL CREMATION 23b DI	ate 23c NAME OF Church	CEMETERY OR CREMATORY of Brethre		Ridge Fred. Co.
VR ALS AND	24.	FUNERAL DIRECTOR	Raymond Thur	Creager 22 mont, Md.	APR 2 2 2 1969 256. P	GISTRAR'S SIGNATURE



1	05429 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
,	CERTIFICATE OF DEATH 05422
	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HOU (Type or print)
	MARTAN LEE SWOMLEY 23 69
	3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years if under 14 Ar in under 24 Ar in
1	country)
	10. CITY OR TOWN OF DEATH III NAME OF HOSPITAL OR INSTITUTION (Find in bospital 120, HISTAL OF CIDATION (Kind of work done 120, KIND OF DISTURCE OR
ı	Give street oddress Give street oddress Give street oddress Give street oddress HOUSEWIFE Ife, even if retired Will OF BOSINESS OF HOUSEWIFE HOUSEWIFE WILLIAM E
ı	130 USUAL RESIDENCE (Where deceosed lived, 1 institution Residence before 13c CITY OR TOWN 13c INSIDE CITY ON 157 136 STREFT AND NUMBER
	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
ı	THOMAS LEE CRAWFORD SALLY E. HOOD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
	166. SOCIAL SECURITY NO. 211-18-2513 169. WAS DECEASED EYER IN U.S. ARMED FORCES? Yes, NO Unknown) 17. INFORMANT MARY CRAWFORD CROMWELL FREDERICK, MD.
ŀ	
	18 CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Semility with cerebral of antiquaedinatic 10 yrs.
	DUE TO, OR/AS A CONSEQUENCE OF Reart desiral
ı	Conditions, it only, which gove trise to immediate couse (a). (b)
ı	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ı	lost (t)
ı	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	190. DATE OF OPERATION 1915 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 2215. HOW INJURY OCCURRED (Feder patters of injury or Port 2 Item 18.3)
	GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year Official finite of the control of the c
	While Not while The Not while
	at work U of work U
	220. I certify that (I) (this hospital) attended the deceased fram 1957, to 4-23, 1969, that (I) (we) lo sow the deceased and only on 4-2-1969, and that in (my) (our) opinion death accurred an the date and have and from the
	causes stated above, (1) (we) (did) (did nat) view the bady after death.
	226 SIGNATURE 220 DATE SIGNED STAFF 220 DATE SIGNED
	22d PHYSCIAN 2 22e. ADDRESS 22e. ADDRESS
	NAME (Type) Rex R MARTIN Frederick ma
	230. BURIAL CREMATION, 236 DATE 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Jown) (County) (State)
	230. BURTATERITY) 23b DATE 14-26-69 23c NAME OF CEMETERY OR CREMATORY MT. OLIVET CEM 23d LOCAT ON (City of Town) FREDERICK FREDERICK FREDERICK FREDERICK FREDERICK
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 3 S GNATURE APR 2 8 1969 CHAPTER TO SERVICE APR 2 1969
	SALANONE FUNERAL HOME FREDERICK, MD. DAIL APR 2 8 1969 Charles July

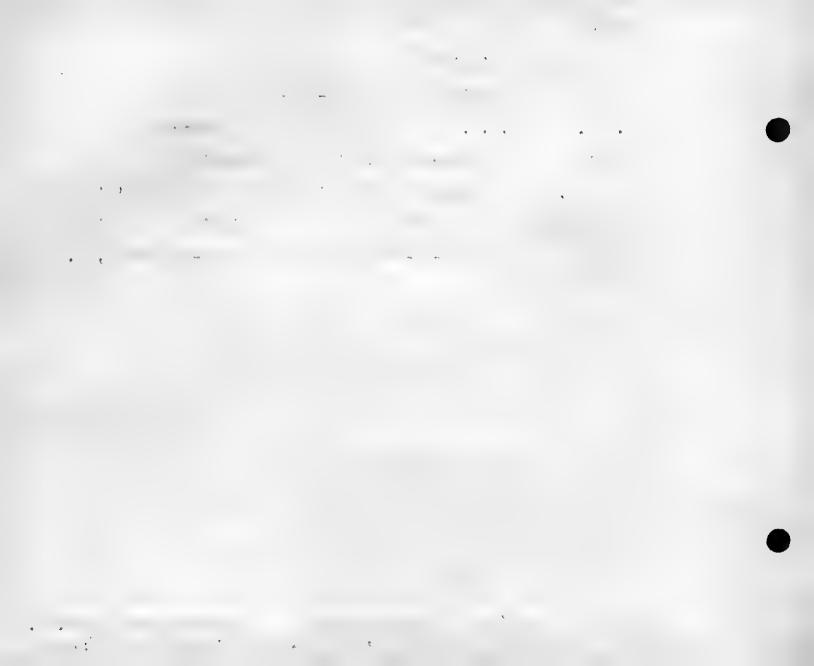


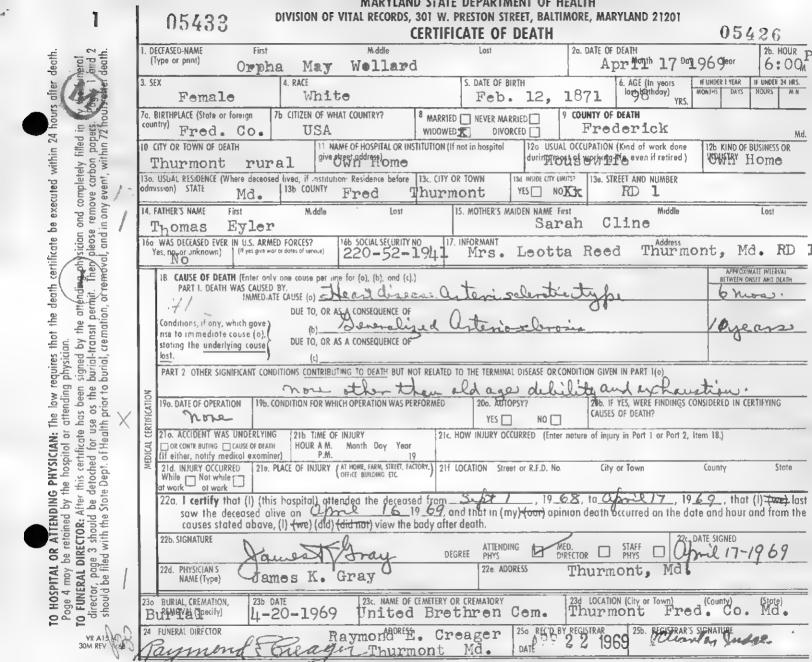
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	. 7			05430	DIVIDION			ATE OF I		E, MARYLAND 21201	054	23
£	====			CEASED-NAME First		Middle	-	Lost		DATE OF DEATH		26 HOUR
dea	neral and 2 death		(1	YPE OF PRINT) BERNA	RD	OSCAR	THON	MAS, SR.	•	April 15	1969	6:15AM
s after	the fu		3. SE	Male	4. RACE With	ite		5 DATE OF BIR		6 AGE (In years last bythday) YRS	IF UNDER YEAR MONTHS DAYS	HOURS M.N.
4 haur	2 N 2 N		7a E cour		7b CITIZEN OF U. S.	WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARK	TEP _	INTY OF DEATH		Md
vithin 2	My filled	A		ITY OR TOWN OF DEATH Frederick	11 giv 6-	NAME OF HOSPITAL OR INS e street address) A Parkview	Apts.	ot in haspital	120 USUAL OCCU	PATION (Kind of work done varking life, even if retired) MCdical De	12b. KIND OF B	
cuted v	and campletely, remave carbah	13	13a odm	USJAL RESIDENCE (Where deceosision) STATEMaryland	d lived if instit	ution: Residence before Frederick	13c OTY OR Freder	TOWN II	34. INSIDE CIEV LIMITS? YES NO	13e. STREET AND NUMBER 6-A Parkvier		nts
exe	and a remo	1	14, 5	ATHER'S NAME First	Middle	Last	15	. MOTHER'S MAI	DEN NAME First	M ddle		Last
9	U 50	/		David	D.	Thomas			Harri	ett	Trundl	e
ti life of the second	hysicia n pleas val, an		16g	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w VES WW-	FO FORCES? or or dates of service)	16b SOCIAL SECURITY I		FORMANT James	s B. Thom	905 Mose	mont Ave	1701
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	attending physician. has been signed by the attending physician is as the burial-transit permit. Then please the priar ta burial, crematian, or remaval, and is		TION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON	BY TE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) DITIONS CONTRIB	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	uln ic fol or related to	LONGO LONGO LAMO THE TERMINAL	0	USUSPENA ON GIVEN ON PART I(0) 120b. IF YES, WERE FINDINGS	Between on To do	TENING
The h	has the lise as the lise as the prix		CERTIFICATION					YES 🗀	NO 🔀	CAUSES OF DEATH?		IIFTING
CLAN	pital al rtrificate id for u af Hea	·	ED CAL CE	21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A M	I. Manth Day Year		W INJURY OCCU	RRED (Enter noture	af injury in Part 1 or Part 2,	Item 18.)	
PHYS	by the haspital or attending After this certificate has been be detached for use as the State Dept. of Health priar ta		M		PLACE OF INJURY	(AT HOME FARM, STREET, FAC OFFICE BUILDING ETC	TORY.) 21f LO-	CATION Street	or R F.D. No	City of Town	County	Stole
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	Page 4 may be retained by the FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State	/		22a. I certify that (I) (this saw the deceased all couses stated above 22b SIGNATURE 22d. PHYSICIAN'S	(1) (we) (did	trended the decease of the latest of the lat	ed from 9 GJ , and bady after d	ATTENDING PHYS 22e. ADDRI	MED. DIRECTOR	226	DATE SIGNED April 1	969
70 HO	Page TO FUN direct shaul		230.	BURIAL, CREMATION, 23b. D. REMOYAL (Specify) 4	ATE /17/69	23c NAME OF Mount		CREMATORY Cemete	23d.	LOCATION (City or Town) Frederick-Fr	(County)	(State)
	VR A15	R	24.	M. R. Etchison	& Son,	Frederick	, Md. 2	1701	250. REC'D BY REGIS	TRAR 2Sb. REGISTRAR	S SIGNATURE	. :





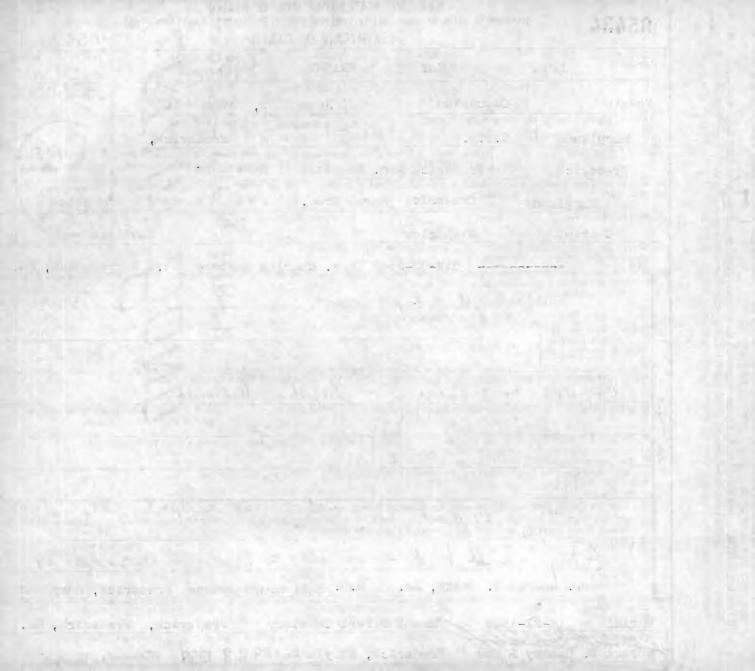
-5- 1	05432 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05425 CERTIFICATE OF DEATH
death.	1 DECEASED-NAME (Type or print) Bessie Lillian Wilson Wilson Month Day Year M
s offer	Female 4. RACE Waite 5. DATE OF BIRTH 6 AGE (n years Funder 24 Hrs. Part Part
24 hour d in by pers. P	70 BIRTHPLACE (Stote or fore.gh country) W. Va. 70 (ITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9 COUNTY OF DEATH WIDOWED MARRIED MIDOWED MARRIED MIDOWED
CERTIFICATE OF DEATH DECASED-MAN Processor Proc	
ompleti we carl	13a CSUAL RESIDENCE (Where deceosed lived, f institut an Residence before admiss an) STATE Md. 13b COUNTY Frederick Brunswick 13d Msjde CITY LIMITS? NO 133 STREET AND NUMBER 135 STREET AND NUMBER 13
be exe and con din ony	14. FATHER'S NAME First Edward Middle Griffith IS MOTHER'S MAIDEN NAME First Minnie Middle Seibert Lost
CERTIFICATE OF DEATH Declaration Declar	
requires that the death cer g physician. n sigmed by the attending p e burial transit permit. The o buriot, cremotian, or remo	PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave this to mimed of e couse (a). Storing the underlying cause (c) DUE TO, OR AS A CONSEQUENCE OF (c) Cost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
N: The law or attendit or attendit or attendit or truse as the ealth prior to a state or the ealth prior or	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY
ENDING PHYSICIAL ed by the haspirol R: After this certifice uld be detoched fo the State Dept of H	OCONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19
SPITAL OR ATT 4 may be retain IERAL DIRECTO or, page 3 shared d be filed with i	226. SIGNATURE Lenon V. Chase M.D. DEGREE ATTENDING DIRECTOR DIRE
Page O Fun	
	24 LINERAL DIRECTOR 255. REGISTRAR'S SIGNATURE







1	05434 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	7117 237 3	05427
	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) ALTIA MAY WRIGHT 19 April Month Day	Year 69 26. HOUR
		FUNDER LYEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
	76. SIRTHPLACE (State or foreign country) 76. CITIZEN OF WHAT COUNTRY? Maryland V.S.A. 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED K DIVORCED Frederick,	
4	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 12a. USUAL OCCUPATION (Kind of work done during the street address) 15. CITY OR TOWN OF DEATH 12b. USUAL OCCUPATION (Kind of work done during the street address)	12b. KIND OF BUSINESS OR INDUSTRY NOne
)	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE Maryland 13b. COUNTY Frederick Rural Fred. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Frederick Rural Fred. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Frederick 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS?	ederick
١	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
1	Charles Winpigler Ida Hamilto 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address	on
	Yes, no, or unknown) (1 yes give wor or doles of service) 219 -03 -5540 Mrs. Charles Walters Rt.# 5 Fre	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
4	IMMEDIATE CAUSE (a)	3 DAYS
	DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave)	
	rise to immediate cause (a). (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
- [last. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
1	E Congestive heart faire; idiopethic Europenia	
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSTANTS OF DEATH?	IDERED IN CERTIFYING
	OR CONTRIBUTING CLAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 19	18.)
I	at work of work	ounty Stote
	22a. I certify that (1) (this haspital) attended the deceased fram Oct , 1968, to 1968 as we the deceased alive an 19 April 1969, and that in (my) (aur) apinian death accurred an the date causes stated abave, (1) (we) (did) (did not) view the bady after death.	7_, that (1) (we) last and haur and fram the
		E SIGNED April 69
1	22d. PHYSICIAN'S NAME (Type) Dr. George I. Smith, Jr. M.D. Toll House Avenue Frederick	, Maryland
	Buria 1-28-1969 Mount Olivet Cemetery Frederick, Fred	
96	ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN ROBERT E. Dailey & Son Frederick, Maryland Dan PR 2 2 1969 Williams	



		DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTI		
L	05435		CERTIFICATE OF DEATH		05428
	DECEASED-NAME First (Type or print) FLORA	Middle MAE	VRIGHT	20. DATE OF DEATH April Month 309	1969 9 a.
3. 9	Female	4. RACE White	5. DATE OF BIRTH Jan. 10, 188		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
COL	BIRTHPLACE (Stote or foreign entry) Maryland	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Frederick	Md
	Nr. Jefferson,		on during m	L OCCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
odn	Marylahd	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY IN NO. Jeffersonyes No.		n
	FATHER'S NAME First John	Middle Lost Harri	15. MOTHER'S MAIDEN NAME FI	(Unknown)	Lost
160	D. WAS DECEASED EVER IN U.S. ARN Yes, no or unknown) (If yes give w	NED FORCES? 16b. SOCIAL SECURITY N 219 03 17		e, Route 5, Freder:	ick, Md.
	PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), ond (c). BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	arrest - selerote	CV. Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATHAL STANDARD STANDARD MINISTRATION MINI
CERTIFICATION		DITIONS CONTRIBUTING TO DEATH BUT NO	FORMED 200, AUTOPSY?	ONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS CONCAUSES OF DEATH?	NSIDERED IN CERTIFYING
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year		noture of injury in Part 1 or Port 2, Ite	sm 18.)
ME	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
	couses stated above	s haspital) ottended the decease ive an	d fram 196 4 and that in (my) (aur) apir ady after death.	nion death accurred on the date	that (I) (we) lase and hour and from the
	22d. PHYSICIANS	ekry 1. Ca	22e, ADDRESS	RECTOR D STAFF PHYS. D Apr.	ate signed il 4, 1969
230	BURIAL, CREMATION, 23b. D		EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
_		il 5,1969 Mount C	Livet Cemetery		derick Md.
	M. R. Etchi	son & Son. Frederi	ck. Md. DATE	0 1000 1	0 0

